



WELCOME

Thank you for giving us the opportunity to care for your pet. We're happy to answer any questions you have about your pet's health. To ensure the best care possible, please take a moment to fill this form out completely.

Identification				
Name:	Other Contact:	Email:		
Address:	City:	State:	Zip:	County:
Primary Phone:	Additional Phone:	Additional Phone:		
Drivers License #:				

How did you hear about Critter Care? Check all that apply below.					
Friend/Family Member (Please provide their name so they can earn a \$25 credit!):					
Web Search	Social Media	Google	Yelp	Other:	

Pet Information			
Pet's Name:		Date of Birth:	
Species:	Breed:	Sex of Animal:	Color:
Previous Veterinarian:		Veterinarian Phone:	

CANINE SPECIFIC QUESTIONS		FELINE SPECIFIC QUESTIONS	
Please check all that apply:		Please check all that apply:	
<input type="checkbox"/>	My dog regularly sees a groomer, is boarded, visits dog parks, or spends time at day care	<input type="checkbox"/>	My cat roams the neighborhood, wooded areas, or fields
<input type="checkbox"/>	My dog has access to puddles, ponds, streams, lakes, or areas that flood	<input type="checkbox"/>	My cat socializes with other outdoor cats
<input type="checkbox"/>	My dog spends time in tall grass, wooded areas, or the prairie	<input type="checkbox"/>	My cat spends time outside in the yard or on the porch
<input type="checkbox"/>		<input type="checkbox"/>	My cat has been tested for FeLV/FIV

GENERAL PET QUESTIONS				
Any Injury or illness in the past 30 days?	Yes	No	Describe:	
Is your pet currently on medication?	Yes	No	Describe:	
Is your pet allergic to any medications, supplements or have vaccine reactions?	Yes	No	Describe:	
Does your pet have food intolerances?	Yes	No	Describe:	
Is your pet currently on a special diet?	Yes	No	Describe:	

Please list any other pets you have in the household

Type of Animal	Name	Breed	Color	Birthday	Sex

Photo/Testimonial Release:

By checking this box I give the Critter Care the right to use photos of me and/or my pets or testimonials that I have written for use on their website and/or Facebook page. I also agree to release Critter Care from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and confirm that you are over the age of 18 years old.

Critter Care Payment Policy:

Payment is due at the time of service with full payment due at the time of discharge. If for some reason you are not able to pay your bill in full, a flat \$5 late fee will be applied each month a balance is due on my account. Should you require assistance with payment, we recommend taking advantage of the Care Credit service that offers 6-months interest free on charges of \$201 and over. For more information on Care Credit, please ask a service representative. If a written estimate has been provided to you, please note that the final cost may vary – depending on the nature of the medical care. Written estimates are honored for up to 20 days.

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges in the care of this animal. I understand that these charges must be paid at the time of release or I will be assessed a flat \$5 late fee each month a balance is due on my account. I also understand that a deposit may be required for surgical treatments.

Signature Owner/Agent:	Printed Name:	Date:
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