

Welcome

Client Information

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Owner Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Driver's License/ID #: _____

Work # (in case of emergency) _____

How were you referred to us?:

- another client – Name of referring client _____
 yellow pages walk-in website other _____

Spouse or Co-Owner Contact Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Driver's License/ID #: _____

Work # (in case of emergency) _____

Name of anyone else authorized to order treatment or obtain patient information:

Name: _____

Phone #: _____

Estimates and Payment

We will gladly prepare a written estimate of service fees if you desire (please ask your doctor or receptionist). All professional fees are due at the time services are rendered. We accept cash, check and major credit cards. In case of extensive medical or surgical procedures, we may require a deposit. We offer Care Credit financing for qualified clients, please ask a receptionist for details. Returned checks are subject to a \$25 returned check fee. All balances are subject to a monthly finance charge. If it becomes necessary to send your account to a collection agency, you are responsible for all collection fees incurred.

To prevent the spread of infectious diseases, all hospitalized patients must be current on vaccines and free from internal and external parasites. The signature below authorizes this Level of preventative care and the appropriate charges will be assessed in the discharge invoice.
I HAVE READ THE PREVIOUS STATEMENT AND AGREE TO THE TERMS STATED:

Signature: _____ Date: _____

Thank You!
Please tell us about
your pet(s)



OUR MISSION

Our mission is to provide superior and timely veterinary care for dogs and cats emphasizing preventative medicine delivered in manner that supports and enhances the bond between responsible pet owners and their canine and feline family members.

Pet Information

Pet's Name _____

Pet Species Canine Feline Other

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birth date _____

Neutered/Spayed: yes no If yes, at what age _____

Where did you obtain your pet?
 Friend Breeder Pet Shop SPCA _____

For what purpose did you obtain your pet?
 Companionship Protection Breeding Sporting Show

Pet's temperament: Outgoing/Social Neutral Shy Aggressive

What is your pet's diet? _____

What vaccines has your pet received? Date received: _____

Dog: DHLPP Rabies Parvo Lepto Bordetella CIV

Cat: FVRCP Rabies Leukemia

Please list any prior illness or surgery: _____

Reason for today's visit: _____

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