

WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support you pets needs today and in the future.

Owners

Name\_\_\_\_\_ Spouse\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_

Work\_\_\_\_\_ Spouse cell\_\_\_\_\_

E-Mail Address\_\_\_\_\_

Driver License #\_\_\_\_\_

Place of Employment\_\_\_\_\_

Spouse Employment\_\_\_\_\_

**Pets Information:**

Name:\_\_\_\_\_ Breed\_\_\_\_\_

Color\_\_\_\_\_ D.O.B./Age\_\_\_\_\_

Sex: Male ( ) Neutered Male ( )

Female ( ) Spayed Female ( )

Name\_\_\_\_\_ Breed\_\_\_\_\_

Color\_\_\_\_\_

D.O.B. / Age\_\_\_\_\_

Sex: Male ( ) Neutered Male ( )

Female ( ) Spayed Female ( )

I understand I am responsible for all fees and that it is customary to pay for services when rendered, unless other arrangements are made **PRIOR**

to treatment. I also understand that if my account is not paid in full I

will be required to pay an actual costs of collection including court costs and attorney fees.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Method of Payment: Cash [ ], Check [ ], Mastercard/Visa [ ],

American Express [ ], Discover [ ]

Care Credit [ ]

Referred by:\_\_\_\_\_

