



# Welcome

Whether it's your first time here or you're an old friend, we are pleased to have you as a part of the Hendricks family!

If you have any questions we are happy to help you.

We look forward to working with you in maintaining your pet's health.

## Client Information:

|   |  |   |       |
|---|--|---|-------|
| Last Name:  |  | First Name:   |       |
| Address:  |  |   | Apt # |
| Zip:  | City:  | State:  |       |
| Primary Phone Number: <input type="checkbox"/> Cell<br>(    )   | Work Number: <input type="checkbox"/> <b>ER ONLY</b><br>(    ) | Secondary Phone Number: <input type="checkbox"/> Cell<br>(    ) |       |
| <b>Can we text you instead of calling occasionally? A real person will be texting you, not a computer.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |       |
| Spouse/Co-Owner Phone:<br>(    )  |  | E-Mail Address:   |       |
| Spouse/Co-Owner Name:   |  | Employer:   |       |
| <b>How did you learn about our clinic?</b> <input type="checkbox"/> Online (Google/Etc) <input type="checkbox"/> Drive By/Location <input type="checkbox"/> Phone Book<br><input type="checkbox"/> Personal Recommendation/Other (Who can we thank?): _____ |  |   |       |

## Patient Information:

|                                    |  |   |  |
|------------------------------------|--|---|--|
| Name:                              | Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____   |   |  |
| Breed:                             | Color:   |   |  |
| Age/Birthdate:                     | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown   | Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Why did this pet join your family? | <input type="checkbox"/> Companionship <input type="checkbox"/> Protection <input type="checkbox"/> Breeding <input type="checkbox"/> Showing <input type="checkbox"/> Other |   |  |

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*More than 2 pets? Please turn the page over. →*

## Payment & Treatment:

We will gladly prepare a written treatment plan of services if you desire (please ask a member of our team). Otherwise, we will treat your pet with their best interest in mind. Payment is due in full at the time of service. There will be a service charge for any check returned or invoice left unpaid. What is your preferred method of payment?

**Cash**     **Check**     **Visa**     **MasterCard**     **Discover**     **American Express**     **CareCredit**

I hereby authorize the veterinarian to examine, prescribe for, and treat the animals in my care. I assume responsibility for all charges incurred in the care of these animals. I understand that these charges must be paid for at the time of release and a deposit may be required.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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Thank You.