



# 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.

## OWNER INFORMATION

Name: \_\_\_\_\_ (Select Your Primary #)  Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Co-Owner: \_\_\_\_\_ Co-Owner Cell Phone: \_\_\_\_\_

## CANINE INFORMATION (Please complete for the pet that will be at Crittter Care on your initial appointment. Additional pets can be added on the reverse side.)

Name: \_\_\_\_\_ Species: **Canine** Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Color: \_\_\_\_\_ **Male** or **Female** (circle one) Spayed or Neutered: **Y / N** (circle one)

### Please check any that apply:

- My dog regularly sees a groomer, is boarded, visits dog parks, or spends time at day care.
- My dog has access to puddles, ponds, streams, lakes, or areas that flood.
- My dog spends time in tall grass, wooded areas, or the prairie.

Describe any injury or illness in the past 30 days: \_\_\_\_\_

List any medication(s) that your pet is currently on: \_\_\_\_\_

List reactions to any medications, supplements, or vaccines: \_\_\_\_\_

List any food intolerances: \_\_\_\_\_

Describe any special dietary requirements: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

- Friend/Family (Please provide their name so they can earn a \$25 credit!): \_\_\_\_\_
- Web Search  Social Media  Yelp  Drove By  Other: \_\_\_\_\_

### Photo/Testimonial Release:

By checking this box, I give Crittter 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 Crittter Care from all claims for libel, slander, invasion of privacy, infringement of copyright, right of publicity, or any other claim. I also confirm that I am 18 years of age or older.

### Crittter Care Payment Policies:

Payment is due at time of service with full payment due at time of discharge. 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 30 days. If you fail to show up for an appointment or cancel an appointment less than 2-hours prior to the scheduled appointment time, we will require a \$65 exam fee paid prior to scheduling any additional appointments. This pre-paid fee will be applied to charges incurred at the appointment. If you fail to show for the appointment, you will lose the pre-paid \$65. A \$5 service charge is assessed monthly for any outstanding balance.

### Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and 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 time of discharge.

Signature Owner/Agent: _____	Printed Name: _____	Date: _____
------------------------------	---------------------	-------------

**Please see other side to add more pets to your account! Thank you.**

**ADDITIONAL PET INFORMATION**

**Please list all additional pets in your household.**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Color: \_\_\_\_\_ **Male or Female** (circle one) Spayed or Neutered: **Y / N** (circle one)

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Color: \_\_\_\_\_ **Male or Female** (circle one) Spayed or Neutered: **Y / N** (circle one)

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Color: \_\_\_\_\_ **Male or Female** (circle one) Spayed or Neutered: **Y / N** (circle one)

**Patient Information Release**

Please contact my previous veterinarian for copies of their medical records.

Previous Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please list any other veterinary clinics that we should contact below, if more than one.)*