

WELCOME

We are pleased to welcome you to our practice. Please take a couple of minutes to fill in as much as you can of this form. We will be glad to answer any questions that you may have. We look forward to working with you on maintaining your pet's health!

Client Information

Name: _____ Date: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

email: _____ Drivers Lic.: _____

Employer: _____ Occupation: _____

Spouse/Co-Owner: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

How did you hear about our practice? _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Pet Information

Pet's Name: _____ Dog Cat Other: _____

Age/Birth-date: _____ Breed: _____ Color: _____

Sex: Male Female Neutered/Spayed: Yes No At what age? _____

Where did you obtain this pet? _____ Diet (type of food): _____

Previous Vet: _____

Medical History – please check all that pet has received:

Canine Distemper Heartworm Test Rabies Feline Distemper Feline Leukemia Test

Describe prior illness and/or surgery: _____

Reason for visit: _____

Any other pets: _____

Payment

All professional fees are due at the time services are rendered. We will gladly prepare a written estimate of fees if you desire (please ask receptionist). In case of extensive medical or surgical procedures where full payment may be difficult to discharge, we accept major credit cards or can establish a payment agreement if approved in advance of treatment. There will be a service charge for any returned check.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal/external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client (responsible for pet): _____ Date: _____