

Welcome

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in the form completely. Thank you!

Owner _____ Date _____

Other Owner or Spouse _____

Address _____ Apt. # _____

City _____ State _____ Zipcode _____ County _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

E-Mail Address _____

Spouse / Other Owner Work Phone (____) _____ Cell (____) _____

If necessary, may we call you at work? _____

How did you become aware of our clinic? Neighborhood Internet Saw Ad

Personal Referral (Whom may we thank?) _____

Referred by another clinic (name) _____

Other (please specify) _____

Patient Information	Additional Pet	Additional Pet
Name		
Species		
Breed		
Date of Birth / Age		
Color		
Sex		
Spayed or Neutered?		

Please list your pet's last vaccination or test date.	Additional Pet	Additional Pet
Rabies vaccine		
Distemper vaccine		
Bordetella vaccine		
Leukemia vaccine		
Lymes vaccine		
Heartworm test		
Leukemia test		

Previous veterinarian where past records could be obtained if necessary _____

If we need more information about your pet, may we contact them for copies of records? Yes ___ No ___

We do not grant credit to our clients and expect full payment at the time services are rendered.

If your pet is treated and hospitalized, you agree to pay your bill in full at the time of discharge. In the event you fail to fully pay your bill on receipt, you agree to pay us a monthly service charge of \$2.50 per month and 1.5% of your total unpaid bill outstanding as of the date of billing. Failure to make timely monthly payments will require us to use collection remedies and you agree to pay us for all costs of collection including attorney fees. By signing this agreement, you agree to be bound by these terms.

Date _____

Signature _____