

Welcome!

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you. We look forward to working with you in maintaining your pets health!

Client Information!

Name: _____ Date: _____
Last name First Name Initial

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ Occupation: _____

Buisness Address: _____ Buisness Phone: _____

Buisness Email: _____

Co-Owner Name: _____ Cell Phone: _____

Email: _____ Buisness Email: _____

Buisness Address : _____ Buisness Phone: _____

How did you learn about our practice? _____

Emergency Contact: _____ Home Phone: _____

Cell Phone: _____ Buisness Phone: _____

Email: _____

Pet Information!

Pet's Name: _____ Dog ___ Cat ___ Other: _____

Age/Birthdate: _____ Sex: ___ M ___ F Breed: _____ Color: _____

Neutered/Spayed? ___ Yes ___ No At what age? _____

Where did you obtain this pet? ___ Friend ___ Breeder ___ Pet Shop ___ Humane Society ___ Other: _____

At what age was the pet obtained? _____

For what purpose was this pet obtained? ___ Companion ___ Protection ___ Breeding ___ Show ___ Other

Diet? (What kind of pet food): _____

Any prior illness? _____ Any prior surgery? _____

Reason for todays visit? _____

Do we have your consent to use your pets photos on our Facebook/Website? ___ Yes ___ No

Payment!

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

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

Signature: _____ Date: _____

