

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 any questions we will be glad to help you. We look forward to working with you in maintaining you pet's health.

CLIENT INFORMATION

NAME _____ DATE _____
SOC SEC# _____ DRIVERS LICENSE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____ PHONE _____
SPOUSE/CO-OWNER _____ PHONE _____
HOW DID YOU LEARN ABOUT OUR PRACTICE? _____
NOTIFY IN CASE OF EMERGENCY _____
HOME PHONE _____ OTHER PHONE _____

PET INFORMATION

PET'S NAME _____ DOG ___ CAT ___ OTHER _____
AGE/BIRTHDATE _____ SEX M ___ F ___
BREED _____ COLOR _____
NEUTERED/SPAYED NO ___ YES, AT WHAT AGE? _____
WHERE DID YOU OBTAIN THIS PET? FRIEND ___ BREEDER ___ PET STORE ___
HUMANE SOC. ___ OTHER _____
DIET (kind of food) _____

PET'S HISTORY (Include vaccinations, surgery, any prior illnesses)

PAYMENT

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). **All professional fees are due at the time services are rendered.** We accept cash, check, major credit cards, and Care Credit. There will be a service charge for any check returned unpaid.