



Welcome!

We are pleased you have chosen us to care for your pet. Please take a moment to answer the following questions so that we may better serve you and your pet. Thank You

Client (your name) _____ Spouse/Other _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ TDL _____ D.O.B. _____

Employer _____ Work Phone _____

Spouse Employer _____ Work Phone _____

Mr. Cell Phone _____ Mrs. Cell Phone _____

How did you find out about us? _____

How would you like to receive reminders: mail email*(enter below) both*(enter below)

*email address _____

Method of Payment: _____ Cash _____ Check _____ Credit Card _____ Pet Insurance

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, VISA, Discover, or American Express. There will be a \$25.00 service charge for any check returned unpaid.

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

Signature of Responsible Agent for Pet(s) _____ Date _____

Essential Pet Information

Cat	Dog	Other	Pet's Name	Date of Birth	Sex	Neutered/Spayed	Breed/Description	Color