



Name: _____ Spouse: _____
First Last

Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone #: _____ 2nd #: _____ Work #: _____

Email: _____ Place of Employment: _____

Regular Veterinarian's Office: _____

HOW DID YOU HEAR ABOUT US?

- Client: _____ Internet Yellow Pages
- Employee: _____ Drove/Walked By Mailer/Postcard
- Other Hospital/Doctor: _____ Other: _____

PET #1 INFORMATION - NAME: _____ **DATE OF BIRTH:** _____

Breed: _____ Color: _____

Species: Cat Dog Gender: Male Female Spayed/Neutered? Yes No

Vaccination History: Current Not Current _____

PET #2 INFORMATION - NAME: _____ **DATE OF BIRTH:** _____

Breed: _____ Color: _____

Species: Cat Dog Gender: Male Female Spayed/Neutered? Yes No

Vaccination History: Current Not Current _____

PET #3 INFORMATION - NAME: _____ **DATE OF BIRTH:** _____

Breed: _____ Color: _____

Species: Cat Dog Gender: Male Female Spayed/Neutered? Yes No

Vaccination History: Current Not Current _____

Would you allow us to place information/photos of your pet on social media? (Please Initial) Yes _____ No _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I also authorize and provide my written consent to the transfer of any medical information. I assume responsibility for all charges incurred in the care of this animal. Payment is due when services are rendered. ***Please note that a 1.5% monthly interest fee will be assessed to all balances over 30 days past due.***

For your convenience, we accept cash and all major credit cards including CareCredit.

How will you be paying today? Cash Credit/Debit Card

Signature of Owner or Responsible Party

Date