

**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'll be glad to help you. We look forward to working with you maintaining your pet's health.

**CLIENT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                     Last                      First                      Initial

SS# \_\_\_\_\_ Drivers License \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business# \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_ Home# \_\_\_\_\_ Business \_\_\_\_\_

How did you learn about our clinic \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PET INFORMATION**

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Age/Birth Date \_\_\_\_\_ Sex(M)(N) \_\_\_\_\_ (F)(S) \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

**PAYMENT**

How will you be paying today? (Please check one): Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_  
 Cash \_\_\_\_\_ Check \_\_\_\_\_  
 No out of state checks please, and Driver's License# \_\_\_\_\_.

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. In cases of extensive medical or surgical procedures, a deposit is required. There will be a service charge for any check returned unpaid.

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

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_