

## Welcome

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in the form completely. Thank you!

Owner \_\_\_\_\_ Date \_\_\_\_\_

Other Owner or Spouse \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Spouse / Other Owner Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

If necessary, may we call you at work? \_\_\_\_\_

How did you become aware of our clinic?  Neighborhood  Internet  Saw Ad

Personal Referral (Whom may we thank?) \_\_\_\_\_

Referred by another clinic (name) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Patient Information	Additional Pet	Additional Pet
Name		
Species		
Breed		
Date of Birth / Age		
Color		
Sex		
Spayed or Neutered?		

Please list your pet's last vaccination or test date.	Additional Pet	Additional Pet
Rabies vaccine		
Distemper vaccine		
Bordetella vaccine		
Leukemia vaccine		
Lymes vaccine		
Heartworm test		
Leukemia test		

Previous veterinarian where past records could be obtained if necessary \_\_\_\_\_

If we need more information about your pet, may we contact them for copies of records? Yes \_\_\_ No \_\_\_

We do not grant credit to our clients and expect full payment at the time services are rendered.

If your pet is treated and hospitalized, you agree to pay your bill in full at the time of discharge. In the event you fail to fully pay your bill on receipt, you agree to pay us a monthly service charge of \$2.50 per month and 1.5% of your total unpaid bill outstanding as of the date of billing. Failure to make timely monthly payments will require us to use collection remedies and you agree to pay us for all costs of collection including attorney fees. By signing this agreement, you agree to be bound by these terms.

Date \_\_\_\_\_

Signature \_\_\_\_\_