

We are pleased to welcome you to our practice. Please take a few moments to complete this form to help us better serve you and your pet.

CLIENT INFORMATION

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Employer _____ Work phone _____

Spouse or co-owner _____ Phone _____

Email address _____

How did you hear about our practice? _____

PET INFORMATION

Name _____ Breed _____ Color _____

Birthdate _____ Male _____ Female _____ Spayed/Neutered _____

How long have you owned this pet? _____

Where was pet obtained? _____

Has pet had any previous medical problems or surgeries? _____

Do you travel with your pet? Where? _____

Reason for today's visit _____

PAYMENT

All professional fees are due at the time services are rendered unless previous arrangements have been made. We will gladly prepare a written estimate of service fees if you desire (please ask the doctor or assistant). We accept cash, credit cards and checks with proper identification. There will be a \$25.00 service charge for returned checks.

To prevent the spread of disease, all hospitalized pets are required to be current on vaccinations and free of external parasites.

Signature _____ Date _____