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

Client Information

Name _____ Date _____
Last Name *First Name* *Initial*

Soc. Sec. # _____ Driver's License # _____

Address _____

_____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____

Business Email _____

Spouse or co-owner _____ Home Phone _____ Cell Phone _____

Email _____ Business Email _____

Business Address _____ Business Phone _____

How did you learn about our practice? _____

Notify in case of emergency _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

Pet Information

Pet's Name _____ ☐ Dog ☐ Cat ☐ Other _____

Age/Birthdate _____ Sex ☐ M ☐ F Breed _____ Color _____

Neutered/Spayed ☐ Yes ☐ No At what age? _____

Where did you obtain this pet? ☐ Friend ☐ Breeder ☐ Pet Shop ☐ Humane Society ☐ Other _____

At what age was the pet obtained? _____ months / years

For what purpose was this pet obtained? ☐ Companionship ☐ Protection ☐ Breeding ☐ Show ☐ Other _____

Diet (kind of pet food) _____

Pet's history—check (✓) all that pet has received:

☐ DHLP (Distemper—Dog) ☐ Feline leukemia test (Cat) ☐ Rabies (Dog/Cat)

☐ Parvovirus (Dog) ☐ FVRCP (Infectious diseases—Cat) ☐ Dentistry

Describe any:

☐ Prior illness _____ ☐ Prior surgery _____

Reason for pet's visit _____

Payment

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 where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. 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 this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____

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