



Thank you for giving us the opportunity to care for your pets. Date _____
 So that we may become better acquainted, please complete the following. Account _____

CLIENT INFORMATION

Owner(s) _____ Home Phone _____ Mobile Phone _____
 _____ Employer(s) _____
 Address _____ Email Addr(s) _____
 City/St/Zip _____
 County _____

PATIENT INFORMATION	Pet #1:	Pet #2:	Pet #3:
Name			
Breed/Color			
Date of Birth/Age			
Sex / Spayed or Neutered?			
Any previous serious illness or surgeries			
Any allergies to vaccinations or medications			
Special diets or medicine			
Flea prevention			
Heartworm test/prevention			
Fecal (stool sample)			
Rabies vaccine			
Kennel Cough vaccine			
Distemper/Parvo vaccine			
Feline leukemia vaccine			
FVRCP vaccine			

How did you become aware of our clinic? Drove By Yellow Pages Website Previous client
 Personal Referral (Whom may we thank?) Web search Yelp!
 Other _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. PLEASE CHECK YOUR PREFERRED METHOD OF PAYMENT BELOW.

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

Please indicate choice of payment: Cash/Check Visa MasterCard Discover AMEX

I AM RESPONSIBLE AND AGREE TO PAY IN FULL THE TOTAL CHARGES FOR SERVICES RENDERED AT THE TIME OF DISCHARGE AND ANY FEES INCURRED FOR COLLECTION OF SAID CHARGES. I UNDERSTAND THAT THE FEES ARE BASED ON TREATMENT DEEMED NECESSARY AT THE TIME OF EXAM, TREATMENT OR ADMISSION AND THAT THE ESTIMATE FEE MAY BE RAISED OR LOWERED BY THE ADMINISTRATION OF TREATMENT, MEDICATION, SURGERY OR DIAGNOSTIC TEST.

Signature _____ Date _____

Signature of person presenting this pet for treatment if other than owner _____

Name _____

Address _____

Relationship to Owner _____

City/State/Zip _____

Telephone _____