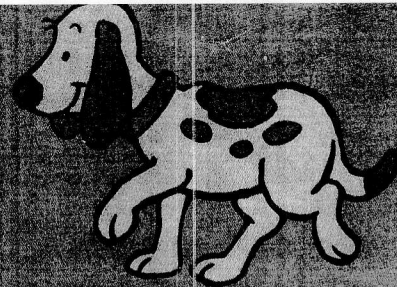


Welcome!



Client Information

Date _____ Soc. Sec. # _____ Birthdate _____

Name _____ Home Phone _____
Last Name First Name Initial

Address _____ Cell Phone _____

City _____ State _____ Zip _____ E-mail _____

Sex: ☐ M ☐ F ☐ Minor ☐ Single ☐ Married ☐ Long Term Partner ☐ Divorced ☐ Widowed ☐ Separated

Employer _____ Business Phone _____

Business Address _____ Occupation _____

Whom may we thank for referring you? _____

In case of emergency, who should we contact? _____ Phone _____

Pet Information

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

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

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

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

At what age was pet obtained? _____ mo's/yrs.

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)

☐ Parvovirus (Dog)

☐ Dentistry

☐ FVRCP (Infectious Diseases - Cat)

☐ Prior Illness _____

☐ Rabies (Dog/Cat)

☐ Prior Surgery _____

Describe the reason for pet's visit _____

Payment

We will gladly prepare a written estimate 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 the 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 _____