



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

Date \_\_\_\_\_  
Account \_\_\_\_\_

**CLIENT INFORMATION**

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

<b>PATIENT INFORMATION</b>	<b>Pet #1:</b>	<b>Pet #2:</b>	<b>Pet #3:</b>
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			
Rabies vaccine			
Distemper vaccine			
Kennel Cough vaccine			
Lyme disease vaccine			
Fecal (stool sample)			
Feline leukemia vaccine			
FIP vaccine			
FVRCP vaccine			
Heartworm test/prevention			

Would you like to be present during treatment of your pet(s)?  Yes  No

How did you become aware of our clinic?  Drove By  Yellow Pages  Website  Previous client  
 Personal Referral (Whom may we thank?) \_\_\_\_\_  
 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  Other \_\_\_\_\_  
 If you plan to pay now or in the future by check, please provide the following information:

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

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 \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Full Address \_\_\_\_\_ Telephone \_\_\_\_\_