

Welcome

Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be glad to help you. We look forward to caring for you and your pet!

Client Information (your information)

Name: SS#

Address:

City: State: Zip: Home Phone:

Date of Birth:

Employer: Occupation:

Business Phone: Email:

Spouse/co-owner: Business #:

How did you learn about our practice? Website Friend Other:

Referred by:

Notify in case of emergency: Phone:

Pet Information

Pet's Name: Age/birthdate:

Dog Cat Male Female Neutered/spayed If yes, at what age?

Breed: Color:

Where did you obtain this pet?

What does your pet eat?

How much do you feed? How often do you feed?

Previous veterinarian (if any):

We always take pictures of our new patients, may we use your pet's picture on our website? Yes No

Payment

ALL FEES ARE DUE AT TIME SERVICE IS RENDERED. We will gladly provide a written estimate of service fees if desired (please ask). We accept cash, Visa, MasterCard, Discover and CareCredit. How will you be paying today?

Cash Visa MasterCard Discover CareCredit

I understand that I am responsible to pay for services rendered including attorney's fees and collection fees in the event of default. I further understand that if payment becomes 30 days past due, the account is subject to monthly charges of 1.0% interest and a \$3.00 billing fee.

Signature Date