WELCOME TO OUR PRACTICE!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.
PLEASE PRINT IN ALL SPACES.

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY_____ STATE ____ ZIP _____

CHILDREN & VISITOR NAMES _____

HOME PHONE _____ DRIVER'S LICENSE # _____

MOBILE PHONE _____WORK PHONE _____

EMPLOYER _____E-MAIL ADDRESS _____

SPOUSE/OTHER EMPLOYER_____ WORK PHONE_____

At what time (_____) and at what phone number (_____) can we call to talk to you about your pet?

Who would we ask for? _____ Alternate Emergency Number _____

We will gladly prepare a written estimate if you desire (please ask one of our team members). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take cash and checks as well as Visa, Master Card, Discover, American Express and Care Credit for qualifying individuals. All returned checks are forwarded to our check verification provider for collection.

PAYMENT TYPE: ☐ Cash ☐ Check ☐ Credit Card

To prevent the spread of infectious diseases, all hospitalized and boarded 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 Responsible Agent for Pet(s) _____ Date _____
How/Why Did You Select Us? _____
Are You Interested in Behavior Management Assistance? _____

Essential Pet Information
(Please list ALL of your pets)

Cat	Dog	Other	Pet's Name	Birthday	Sex	Breed/Color	Indoor/Outdoor/Both