



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Best Time to Reach You _____ Date of Birth _____

Driver's License # _____ Social Security # _____ E-Mail _____

All Fees Are Due At the Time Services Are Rendered

Please indicate choice of payment: Cash Check Visa MasterCard
 American Express Discover Care Credit

How did you hear about our clinic? Drove By/ Sign Yellow Pages Previous Client Internet site _____

Personal Recommendation (Whom may we thank?) _____

If you are over the age of 62, please check the box for a 10% Senior Citizens Discount (ID Required)

PATIENT INFORMATION

Pet #1

Pet #2

Pet #3

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex M or F:			
Spayed or Neutered: Y or N			

Reason for obtaining pet (check all that apply): Companion Protection Breeding Show Other

Has your pet received a microchip? Yes No

Do you anticipate that your pet may be difficult to examine? Yes No

Do you wish to be present when your pet is examined? Yes No

VACCINATION HISTORY

CANINE

LAST RABIES	
LAST DISTEMPER/PARVO	
LAST BORDETELLA	
LAST HEARTWORM TEST	

FELINE

LAST RABIES	
LAST FVRCP	
LAST FELV	

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume the responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature _____ Date _____