



**Thank you for giving us the opportunity to care for your pet(s).
To insure the best care possible, please take the time to fill in this form completely**

ABOUT YOU...

Owner _____

Address _____ City, State, Zip _____

Cell Phone _____ Land Line/Secondary Phone _____

Co-Owner/ Emergency Contact Name _____ Phone #: _____

E-Mail Address* _____

What is your preferred contact method? Phone Email Text

***We agree to keep all personal information confidential. We don't sell information.**

Owner's Employer _____ Work Phone _____

Co-Owner's Employer _____ Work Phone _____

How did you learn about our clinic? Website Drive By Recommendation Phone Book Other

If recommended, by whom _____

YOUR SPECIAL COMPANION...

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____ Birthday/Age _____

Male Neutered Female Spayed

I DO NOT want my pet's picture or name displayed on our website, Facebook or any promotional materials.

Name of Previous Veterinary Clinic _____

Phone _____ Do we have permission to contact them for health records? Yes No

Medical & Vaccine History (Description and date) _____

All fees are due at the time services are rendered.

We accept cash, check, debit, Visa, MasterCard, American Express, Discover and Care Credit.

In case of extensive medical services a deposit may be required. We will gladly prepare an estimate for services, upon request. There will be a \$25 charge for all returned checks.

I hereby authorize the veterinarian to examine, prescribe medication for, or treat my pet and I assume full responsibility for all charges incurred in doing so.

Signature of Client/ Responsible Agent for Pet _____ **Date** _____