

## Information About You

Are you the owner? \_\_\_\_\_ If not, are you authorized by the owner to leave this pet with us? \_\_\_\_\_  
If you are not the owner, but are authorized to leave this pet, please print owner's name: \_\_\_\_\_

Your Primary Email Address: \_\_\_\_\_

Would you like for us to remind you about heartworm preventative and flea control on a monthly basis? Yes / No

Please print owner's name \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Information About Your Pet

Pet's Name: \_\_\_\_\_ Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Female: \_\_ Male: \_\_

Spayed: \_\_ Neutered: \_\_ Known allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Previous medical problems \_\_\_\_\_

Vaccine History: Please list dates vaccines were given

Dog: Rabies

Cat: Rabies

Distemper/Parvo(DHPP)

FVRCP

Bordetella

Feline Leukemia

How did you become aware of our clinic? 1.Clinic sign 2.Yellow pages 3.KHS 4.Someone we may thank \_\_\_\_\_ 5. Other \_\_\_\_\_

**To prevent the spread of infectious diseases and parasites, animals must be current on vaccines and free of internal and external parasites. I authorize the veterinarian to provide vaccines and parasite control as needed for my pet.**

In the event that your pet is not claimed or paid for at the agreed discharge date, the animal will be considered abandoned by the owner. Eastpoint Vet Clinic shall have the right to dispose of the animal in any manner they consider appropriate.

### Payment Policy:

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient to you: cash, check, MasterCard and Visa. **There is a \$50 returned check fee and 2.5% interest will be charged on balances existing over 30 days.**

Depending on services, a deposit prior to treatment may be required. I understand that if my animal is abandoned at the Eastpoint Vet Clinic I am still responsible for all boarding fees as well as any attorney fees involved to collect this debt.

How will you be paying today? Cash \_\_ Check \_\_ Visa \_\_ Mastercard \_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_