2013

Client Information

To better serve you, please print the information in the blanks below. If a question does not apply, please write N/A each time.

Owner's Name_____ **Spouse**_____

Street Address_____ **City**_____ **Zip**_____

Home Phone ( )_____ **Mobile Phone ( )**_____

E-mail Address_____**By supplying this address, you are approving us to email you appointment reminders and other relevant information in the future.**

Employer_____ **Phone ( )**_____

What is the best phone number to reach you? _____

May we call you in the evenings until 10 pm? _____ **If not, how late?**_____

May we call you at your work number for appt confirmations and re-check calls?_____**Yes** _____**No**

Emergency Contact_____ **Phone ( )**_____

How did you hear about us?_____

How many pets are in your household? Dog(s)_____ **Cat(s)**_____ **Bird(s)**_____ **Other**_____
Their names are _____

I certify that the above information is true and accurate. I hereby authorize the doctor on duty and any assistants to the doctor to administer treatment/medications/procedures as considered therapeutically and/or diagnostically necessary to adhere to the Standard of Care.

Per the Veterinary Practice Act, I agree that client info/medical records are confidential and may only be discussed/used/given to the client or a treating doctor with client's written permission at the time of incident. I give permission to provide vaccine status only to boarding & grooming facilities. I give permission for my pet(s) image to be used online/marketing purposes. Any other release of medical information requires prior written consent from the client and a fee may be assessed.

I agree I am financially liable for all charges incurred for the care of any animal I present for treatment. I understand that deposits may be required for in-patient medical/surgical cases and payment is due when services are rendered. Any account not paid in full agrees to allow interest to accrue at the maximum allowed by law beginning on the rendered services date. We accept cash, check, VISA, Mastercard, Discover and Carecredit. We require a copy of the Driver's License of the person presenting payment with a personal check. I agree to pay a $27.50 Return Check Fee if my check is returned for any reason.

Signature_____ Date_____

Tell us about your new pet -- Name_____ **Dog**____ **Cat**____ **Male**____**Female**____

Spayed/Neutered?____ **D.O.B.** _____ **Breed**_____ **Color**_____

When last vaccines were given_____ **Microchip #**_____ **Blood Type**_____

List recent medications (including heartworm preventative)_____