CLIENT INFORMATION

NAME _____ DATE _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

DRIVER'S LICENSE NO. _____ EXP. DATE _____

SOCIAL SECURITY NO. (Optional) _____

EMPLOYER _____ BUSINESS PHONE _____

SPOUSE OR CO-OWNER _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS _____

IF NECESSARY, MAY WE CALL YOU AT WORK? _____

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE _____

ARE THERE CHILDREN IN THE HOUSE? _____NO ____YES HOW MANY? _____ AGES _____

IS THIS YOUR FIRST VISIT TO THIS HOSPITAL? _____ IF CHANGING PET FACILITIES, WHAT IS THE REASON FOR YOUR CHANGE? _____

HOW DID YOU LEARN OF THIS PRACTICE? _____YELLOW PAGES ____HOSPITAL SIGN ____WEBSITE

____PERSONAL RECOMMENDATION - WHO MAY WE THANK? _____

Access your pet's information online - sign up for your Pet Portal!

PATIENT INFORMATION

PET'S NAME _____ BREED _____ COLOR _____

SEX _____ SPAYED/NEUTERED? YES / NO AGE _____ DATE OF BIRTH _____

WHERE DID YOU ACQUIRE PET? (ie breeder, shelter, pet shop, other) _____

NAME OF HOSPITAL/CLINIC WHERE LAST VACC'S GIVEN _____ PHONE _____

MAY WE CONTACT YOUR PREVIOUS VETERINARIAN FOR YOUR PET'S RECORDS? YES / NO

PAYMENT POLICY

ALL FEES ARE DUE AT THE COMPLETION OF EACH VISIT. **We accept cash, check, check card, MasterCard, VISA, American Express, Discover & Care Credit. There will be an electronic service charge of $30.00 for any check returned unpaid.**

YOUR PAYMENT METHOD WILL BE: ___CASH ___CHECK ___CREDIT CARD ___*CARE CREDIT

*IF YOU ARE NOT FAMILIAR WITH CARE CREDIT, PLEASE ASK US FOR DETAILS.

SIGNATURE OF OWNER OR AGENT _____