

M o r r i s V e t e r i n a r y C l i n i c

1610 Sheridan Drive • Lancaster, Ohio 43130 • 740 653-4084 • 740 654-1114

Robert L. Guinan, DVM • John Hartig, DVM • Teresa Hartig, DVM
Allison Murray-Bowman, DVM • Jennifer Manzone, DVM

Welcome

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

Information

Client Name _____ Account # assigned _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

For check writing privileges, please provide your driver's license number with a date of birth

Would you prefer to be contacted by mail or email for reminders? **Please Circle:**

Mail _____ Email _____

How did you become aware of our clinic? **Please Circle:**

Yellow Pages Sign Web Site Recommendation Other

If recommended, whom may we thank? _____

Pet Information

1) Pet Name _____ Birthday/Age _____

Please Circle: Dog Cat Other

Breed _____ Color _____

Please Circle: Male Neutered Female Spayed

Is your pet primarily **Please Circle:** Indoor Outdoor Indoor/Outdoor

Does your pet have any prior medical conditions or concerns, if so please explain _____

Where did you obtain your pet from? (Location) _____

Does your pet travel, if so where? _____

Pet Information

2) Pet Name _____ Birthday/Age _____

Please Circle: Dog Cat Other

Breed _____ Color _____

Please Circle: Male Neutered Female Spayed

Is your pet primarily **Please Circle:** Indoor Outdoor Indoor/Outdoor

Does your pet have any prior medical conditions or concerns, if so please explain _____

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Pet Information

3) Pet Name _____ Birthday/Age _____

Please Circle: Dog Cat Other

Breed _____ Color _____

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Where did you obtain your pet from? (Location) _____

Does your pet travel, if so where? _____

Please submit your pet's records to the receptionist

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment, inpatient services or hospitalization.

Please indicate by circling how account will be paid: Mastercard Visa Check Cash

Signature _____