



Welcome

Acct# _____ EICB _____

Today's Date _____

Thank you for giving us the opportunity to care for your pet. We'll be happy to address any questions you have about your pet's health. To insure the best care possible, please **fill in this form completely**. Thank you!

E-mail Address: _____

Address _____ **Home Phone**(____) _____

City _____ **State** _____ **Zip** _____ **Year Round** ____ **Seasonal Only** ____

Owner _____
One first-name only please Last-name

Cell # _____ **Work #** _____

Place of Employment _____
May we call you at work? __Anytime __Emergency Only

Spouse/Other _____
One first-name only please Last-name

Relation to Owner _____

Cell # _____ **Work #** _____

Place of Employment _____
May we call you at work? __Anytime __Emergency Only

Emergency Contact (Out-side the home) _____ **Relation** _____ **Phone(s)** _____

How did you learn of or why did you choose our clinic?

☐ Word of Mouth ☐ Yellow Pages-Which book? _____ ☐ Internet ☐ Sign/Building ☐ Other _____

If recommended, whom may we thank? _____

Authorization: I hereby authorize the veterinarian to examine, prescribe for and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid in full at the time of release and that a deposit may be required for treatment. **Cancellation Policy:** We reserve the right to charge for appointments cancelled or broken without a 24-hour notice **V.C.P.R.:** A current Veterinary- Client -Patient- Relationship (annual examination) is required by law for the administration or refilling of prescription medications & some vaccinations.

Signature _____ **Please initial here** _____ **to give permission for us to release pet information to other veterinary clinics, boarding or grooming facilities.**

*Payment is expected when services are rendered. If cost is a concern for you, please let us know **prior** to service.*

Method of payment: ☐ Cash ☐ Check ☐ VISA ☐ MasterCard ☐ Discover ☐ **CareCredit®**

CareCredit® is the only payment plan offered by Animal Care Center-Please ask if you would like to apply.

Pet's Name: _____ *****Please add additional pets to the second page*****

☐ Dog ☐ Cat ☐ Other _____ **Birth Date** _____ ☐ Check if birth date is unknown & enter approximate age
Breed _____ ☐ Mixed **Color** _____ ☐ Male ☐ Female
☐ Neutered ☐ Spayed

Vaccination History: Name of clinic where last given: _____ **City** _____
Approx. Date _____ **May we contact them for your pet's history?** ☐ Yes ☐ No