

ABOUT YOU:

ACCOUNT NUMBER _____

NAME(S): _____ AND/OR _____

PHONE NUMBERS: (____) _____ OR (____) _____

CELL NUMBERS: (____) _____ OR (____) _____

EMAIL ADDRESS: _____ @ _____

EMAIL ADDRESS: _____ @ _____

HOME ADDRESS : _____

CITY STATE ZIP CODE _____

DRIVERS LICENSE NUMBER: _____ STATE _____

EMPLOYER NAME: _____ PHONE NUMBER: (____) _____

REFERRED BY: _____

PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED. WE ACCEPT MAJOR CREDIT CARDS, CARE CREDIT, CHECK AND CASH. BEFORE ANY PET IS ADMITTED TO OUR CLINIC WE WILL REQUIRE 50% OF ESTIMATED BILL TO BE LEFT AS DEPOSIT (CASH OR CREDIT CARD) AND THE BALANCE PAID IN FULL ON DISMISSAL. ____ YOUR INITIALS HERE.

ABOUT YOUR PET: (for additional pets reprint)

NAME: _____ BREED: _____ COLOR: _____

AGE ____ / DATE OF BIRTH _____

SEX : MALE FEMALE MALE NEUTERED FEMALE SPAYED

BEHAVIORAL ISSUES? PLAYS WELL WITH OTHERS DOESN'T PLAY WELL WITH OTHERS

MEDICAL HISTORY: (ie PREVIOUS ILLNESS OR SURGERIES) _____

DATES OF LAST VACCINATIONS: CANINE DISTEMPER _____ PARVO _____ RABIES _____

FELINE DISTEMPER _____ FELEUK _____ RABIES _____

DATE OF LAST HEARTWORM/FELINE LUEKEMIA/FIV TEST: _____

NAME AND PHONE OF HOSPITAL WHERE PREVIOUSLY TREATED: _____

DRUG OR FOOD ALLERGIES: _____

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE AND AGREE TO THESE TERMS. I UNDERSTAND THAT FAILURE TO PAY FOR SERVICES WILL RESULT IN COLLECTION PROCEEDINGS AND COURT COST.

SIGNATURE: _____ DATE: _____