



We are pleased to welcome you to our practice!

Client Information

Owner's Name: _____

Primary Contact Number: _____ Secondary: _____
 Ok to Text? Yes No Ok to Text? Yes No

Spouse/Co-Owner's Name: _____ Contact Number: _____
 Ok to Text? Yes No

Address: _____
 Street Lot/Apt City State Zip

Email: _____

Do your pets have other family or friends that can care for them in case you are unable to come in?

Name: _____ Phone: _____

<input type="checkbox"/>	Make Appointments	<input type="checkbox"/>	Pick Up Medications
<input type="checkbox"/>	Request Records	<input type="checkbox"/>	Accept Financial Responsibility
<input type="checkbox"/>	Make Medical Decisions	<input type="checkbox"/>	Make End of Life Decisions

Name: _____ Phone: _____

<input type="checkbox"/>	Make Appointments	<input type="checkbox"/>	Pick Up Medications
<input type="checkbox"/>	Request Records	<input type="checkbox"/>	Accept Financial Responsibility
<input type="checkbox"/>	Make Medical Decisions	<input type="checkbox"/>	Make End of Life Decisions

How Did You Hear About Us? _____
 If someone referred you to us, please let us know so we can thank them.

Please give all records, information, or samples you have brought with you today for your pet to the receptionist.

I understand that I am financially responsible for any services rendered. We accept all major credit cards, cash and Care Credit. Sorry, we do not accept checks as a form of payment. Full Payment is due at the time services are rendered.

Signature: _____ Date: _____