

CLIENT INFORMATION

Name: _____ Spouse: _____
 Mailing Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Cell phone: _____
 Whom may we thank for referring you? _____
 Email address: _____
 Communication preference (check all that apply): Email [] Text [] Phone []
 How would you like to receive your pet(s) reminders? By mail [] By E-mail []
 May we use your pet(s) photo on our social media? YES / NO

PET INFORMATION

Pet's Name: _____ Age: _____ Breed: _____ Color: _____
 Dog [] Cat [] Exotic pet [] Male [] Female [] Spayed/Neutered YES / NO
 Pet's history/illness: _____

 List any medications: _____
 Current on vaccines? YES / NO Previous weight: _____

Pet's Name: _____ Age: _____ Breed: _____ Color: _____
 Dog [] Cat [] Exotic pet [] Male [] Female [] Spayed/Neutered YES / NO
 Pet's history/illness: _____

 List any medications: _____
 Current on vaccines? YES / NO Previous weight: _____

PAYMENT

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, AND DEPOSITS ARE REQUIRED ON ALL HOSPITALIZED PATIENTS.

I will be paying by **CASH** **CHECK** **CREDIT CARD**(Visa, Mastercard, Discovery or American Express)

Our check clearing service requires that we see and record the following information before accepting a check payment
There will be a \$25.00 charge on returned checks. If a check is returned, all future services on account must be paid by
Cash OR credit care.

=====

Which pet insurance company do you have? : _____

=====

We also accept Care Credit as a form of payment. Ask our receptionist for more information!

Driver's license #: _____ State: _____ Exp. Date _____
 Signature: _____ Date: _____
 Owner's Date of birth: _____