



Client Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Preferred Contact Number: _____ Other Phone: _____

How did you hear about us? Drive-by Internet Phone Book Coupon Referral

If referred, whom may we thank with a \$10 credit? _____

Under Indiana law, an animal's veterinary record and medical condition is confidential and may not be furnished to or discussed with any person other than the client or other veterinarians involved in the care or treatment of the animal without written authorization of the client. Several exceptions exist, including state or federal statutory requirements, court order, statistical and scientific research, if the information is abstracted in a way as to protect the identity of the animal and the client, board inspection or investigation, request from a regulatory or health authority, physician, or veterinarian to verify a rabies vaccination of an animal, to investigate a threat to human or animal health, or for the protection of the animal or public health and welfare. For this reason, **please list ALL caregivers, who are permitted to receive information about your pet(s) including other family members or pet sitters who may be bringing the pet for care in the future. Please also indicate if they are permitted to make decisions on your behalf.** _____

Patient Information

Name: _____ Dog Cat Other Age/Birthday: _____

Breed: _____ Color/Markings: _____ Microchipped? Yes No

Sex: Male Female Spayed/Neutered? Yes No Diet (brand): _____

Medications or medical conditions: _____

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Name: _____ Dog Cat Other Age/Birthday: _____

Breed: _____ Color/Markings: _____ Microchipped? Yes No

Sex: Male Female Spayed/Neutered? Yes No Diet (brand): _____

Medications or medical conditions: _____

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Name: _____ Dog Cat Other Age/Birthday: _____

Breed: _____ Color/Markings: _____ Microchipped? Yes No

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Professional fees are to be paid at the time services are rendered. We accept cash, Visa, Mastercard, Discover, Debit, and Checks (after your initial visit). Please note we cannot accept \$100 bills. There will be a \$36 fee for any returned checks.