



MERCED  
**Animal Medical Center**  
*day and night we're here for your pets*

The doctors and staff of Animal Medical Center welcome you, and thank you for the opportunity to care for your pet. Please provide the information below for our records.

Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

If you are here for **emergency care**, who is your regular veterinarian? \_\_\_\_\_  
 We will be faxing your veterinarian a copy of today's records.

If you are here for a non-emergency visit, and you would like your records faxed to us from a previous veterinarian, please let our receptionist know.

How did you hear of our hospital?

- ( ) Billboard
- ( ) Radio: \_\_\_\_\_
- ( ) Someone we may thank for your referral? \_\_\_\_\_
- ( ) Yellow Pages, or other telephone directory: \_\_\_\_\_
- ( ) Local Savings Mailer
- ( ) Newspaper:  County Times     Mariposa Gazette     Sun Star
- ( ) Internet: \_\_\_\_\_
- ( ) Another Hospital, if so which one? \_\_\_\_\_
- ( ) Other, please state: \_\_\_\_\_

We are happy to provide a 10 % service discount to our clients over 60 years of age and active military, police officers and firefighters. Please indicate here if you qualify ( )  
 Discounts do not apply to laboratory services, medications or retail items.

**Payment is due at time of service.**

All returned checks are subject to a \$25 service fee. We accept Visa, MasterCard, Discover, American Express & CareCredit. Please sign below, indicating that the above information is accurate, and that you have read and understand our financial policies.

Signed \_\_\_\_\_ Date: \_\_\_\_\_