



ANIMAL MEDICAL CENTER
 25 West Third Avenue
 Trappe, PA 19426
 Phone: 610-489-8982 Fax: 610-489-4363
www.MyPetDoc.com



*Thank you for giving us the opportunity to care for your pet(s).
 Please complete the following form so that we can become better acquainted.*

CLIENT INFORMATION

DATE _____

Name: _____ Spouse's Name: _____

Children (first name, age): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Spouse's Work: (____) _____ Emergency Contact (Name & Phone): _____

Place of Employment: _____

Best time to reach you: _____ at (____) _____

E-Mail Address: _____

Driver's License: State _____ # _____ Signature on License: _____

Driver's license must be presented to receptionist if paying by check

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

Animal Medical Center accepts the following forms of payment: Cash, Check, Visa, Mastercard, CareCredit. Unpaid accounts will be assessed a \$3.00 per month accounting fee at the end of each month plus a 1.5% monthly charge.

AUTHORIZATION

I hereby authorize Animal Medical Center veterinarians to examine, prescribe for, or treat the pet(s) listed. I assume full responsibility for all charges incurred in the care of my pet(s). I also understand that fees are due at the time of service and that deposits may be required for hospitalization or surgical procedures.

Signature: _____ Date: _____

Print Name: _____

PLEASE COMPLETE REVERSE SIDE →

I authorize pertinent medical history information regarding my pet(s) to be released to the following:

- Boarding Kennel / Pet Sitter Other Veterinary Hospital Groomer
 Veterinary Insurance Rescue Group / SPCA Obedience Trainer / Class

How did you become aware of Animal Medical Center:

- Drove by Yellow Pages AAHA Website
 Personal Referral: whom may we thank? _____

Do you have veterinary insurance for your pets? Yes No

If yes, name of company: _____

PATIENT INFORMATION

| | | | |
|---|----------------------------|---|---|
| Name: _____ | Breed: _____ | | |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Rabbit <input type="checkbox"/> Reptile <input type="checkbox"/> Rodent <input type="checkbox"/> Other _____ | | | |
| Color: _____ | Date of Birth: ___/___/___ | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Neutered / Spayed? |
| Any previous illnesses or surgeries: _____ | | | |
| Allergies to vaccines or medications: _____ | | | |
| Is your pet on any special diet or medications: _____ | | | |

| | | | |
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| Allergies to vaccines or medications: _____ | | | |
| Is your pet on any special diet or medications: _____ | | | |

Mission Statement

To provide the highest quality veterinary services for all of our patients by maintaining a friendly, caring and professional staff that will honor and respect the human-animal bond. To be patient advocates in offering all services, education and products necessary to ensure optimal care throughout a pet's life.