

THE DOG & CAT CLINIC AND LASER CENTER

Valri E. Brown, D.V.M.

Owner's Name: _____ SSN#: _____

Address: _____ City _____ ST _____ Zip _____

Home Phone # _____ Cell Phone # _____

Place of Employment: _____ Wk # _____

Drivers License #/State _____ Email Address: _____

Spouse Name: _____ Cell Phone # _____

Place of Employment: _____ Work # _____

Who may we thank for referring you? : _____

ABOUT YOUR PET!

Pet's Name: _____ DOB: _____

___ Dog ___ Cat ___ Other

___ Male ___ Female Breed: _____

___ Neutered ___ Spayed Color/Markings: _____

Has your pet been vaccinated for Rabies in the past year? ___ Yes ___ No

If Yes, where and when? _____

Is your pet currently on heartworm preventative? _____ Flea Prevention? _____

List any previous veterinarian(s): _____

Previous illnesses or surgeries, medications/diet _____

To prevent the spread of infectious diseases, all hospitalized or boarded patients must be current on all vaccinations and free from external and internal parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed on the discharge invoice.

Signature of Responsible Party _____ **Date** _____

Thank You for choosing The Dog & Cat Clinic and Laser Center

DOG & CAT CLINIC AND LASER CENTER
Valri E. Brown, D.V.M.
220 East Kings Hwy.
Shreveport, LA 71104
318-861-3556

FINANCIAL POLICY

To our valued clients,

Today in our world of rising prices we are trying to keep our office fees to a minimum by implementing clear and exact payment policies. This will help to reduce our overhead, thus passing the savings along to our clients.

- *1. **Payment is expected at the time of visit.**
- *2. We take MasterCard, Visa, Discover, American Express, Checks, Cash, and Debit Cards.
- *3. We offer Care Credit for financing large balances (90 days interest free).

I agree to abide by the above financial policies.

Date _____ Signature _____