

WELCOME TO OUR OFFICE

Welcome to the Animal Clinic. Thank you for giving us the opportunity to take care of your pet. Please take a moment to complete this for to help us better serve you.

Your Name/Title_____ Spouse/Other_____

Address_____City_____State/Zip_____

Home Telephone_____ Cell Phone_____

Email Address_____ Work Phone_____

Your Driver's License Number_____ State_____(If you wish to pay by check)

Emergency Contact Name_____ Telephone_____

How do you wish to be notified of reminders? Phone_____ Email_____ Post Card_____

How did you first learn of our Hospital? We would like to thank any individual who referred you.

Hospital sign____ Internet____ Brochure____ Yellow Pages Ad____ Newspaper____ AAHA referral_____.

Referred by_____ Reason for Visit:_____

How do you consider your pet? As part of your family_____ Just a pet_____

Dog Cat Bird Rabbit Reptile Rodent Other_____

Pets name_____ Breed:_____ Color_____

Age_____ Male Neutered Female Spayed

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICE IS PROVIDED. DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks, debit cards, VISA, MasterCard and Discover Card. We charge a \$30 fee for returned checks.

TO PREVENT SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

Signature_____ Date_____

