

Patient/Client Information

Thank you for giving us the opportunity to care for pet(s). Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Driver's License #: _____
 Home Phone #: _____ Cell Phone #: _____
 Employer: _____ Work Phone #: _____
 Spouse/Other Employer: _____ Spouse/Other Work Phone #: _____

Professional fees are due at the time services are rendered.

Preferred Method of Payment: Cash Check Credit Card (Visa or Mastercard accepted) Debit

Who may we thank for your referral? _____

Name of Previous/Current Veterinarian: _____ Phone #: _____

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if it is not current. **To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.** I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed below and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check.

Signature _____ **Date** _____

Patient Information:

	Pet #1	Pet # 2	Pet #3
Pet's Name			
Breed			
Age or Date of Birth (Approximate)			
Sex; Spayed or Neutered?			
Color/Markings:			
Indoor/Outdoor:			