

**Welcome**

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**Client Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Driver's License# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Email \_\_\_\_\_ Business Phone \_\_\_\_\_  
Spouse/Co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Business Email \_\_\_\_\_  
How did you learn about our practice? \_\_\_\_\_ Notify in case of emergency: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_  
Age/Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Neutered/Spayed \_\_\_\_\_ At what age? \_\_\_\_\_  
Where did you obtain this pet? \_\_\_\_\_  
At what age was the pet obtained? \_\_\_\_\_ Mo./ Yrs. For what purpose was this pet obtained? \_\_\_\_\_  
Diet (kind of pet food) \_\_\_\_\_  
Pet's history – check all that pet has received:  
DHP (distemper – dog)  Feline leukemia test (Cat)  Rabies (Dog/Cat)   
Parvovirus (Dog)  FVRCP (distemper – feline)  Dentistry   
Prior illness \_\_\_\_\_ Prior Surgery \_\_\_\_\_  
Reason for Pet's visit \_\_\_\_\_

**Payment**

We will gladly prepare a written estimate for service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious disease, all hospitalized patients must be current on all vaccines and free from internal and external parasites. This signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_