

WELCOME

Thank you for allowing our office to care for your pet. Our Staff will be happy to answer any questions you have about your pet's health. To provide the best care possible, please fill in this form completely. Thank you!

Owner Information

Today's Date _____	
Owner's Name _____, Spouse Name _____	
Address _____ Apt# _____ City _____	
State _____ Zip Code _____	
Home Phone _____ Work Phone _____ Cell Phone _____	
Spouse Work Phone Number _____, Cell Phone Number _____	
Email _____ Spouse Email _____	
Driver License # _____	
At What Phone Number is best to call about your pet? _____	
In Case of Emergency, please call _____ Phone Number _____	
How did you hear about us? _____	

Pet #1 Information

Pet's Name _____ Date of Birth _____	
Type of Animal: Dog _____ Cat _____	
Breed: _____	
Sex: Female _____ Spayed _____ Male _____ Neutered _____	
Description/Color/Marking: _____	
Microchip Number _____	

Pet #2 Information

Pet's Name _____ Date of Birth _____

Type of Animal: Dog _____ Cat _____

Breed: _____

Sex: Female _____ Spayed _____ Male _____ Neutered _____

Description/Color/Marking: _____

Microchip Number _____

Pet #3 Information

Pet's Name _____ Date of Birth _____

Type of Animal: Dog _____ Cat _____

Breed: _____

Sex: Female _____ Spayed _____ Male _____ Neutered _____

Description/Color/Marking: _____

Microchip Number _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pets. I also understand these charges will be paid at time of services rendered and that a deposit may be required for surgical treatment. *A service charge of 6% or \$25.00, whichever is greater, is applied to all balance over 30 days.*A \$47.50 fee is applied to all returned checks.

*Clients are required to give 24 hour notice if unable to attend their pet's appointment. Any appointment not canceled without notification will be charged a \$72 fee. This applies to any pets for whom an appointment has been made. Surgery appointments are subject to a fee up to full cost of surgery. All clients are asked to leave a credit card on file to reserve their appointment, and to cover a for-mentioned fees.

Signature _____ Date _____