



Client Information:

Name (Last, First): _____ Date: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Spouse /Co-Owner: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Emergency Contact:

Cell Phone: _____ Home Phone: _____

How did you hear about our practice?

- Internet Facebook Drove/Walked By Phone Book Yelp Shelter/Rescue
 Client: _____ Other Hospital/Doctor: _____
 Employee: _____ Other: _____

Pet Information:

Pet's Name(s): _____

Dog #: _____ Cat #: _____ Other #: _____ Male #: _____ Female #: _____

Age(s): _____ Birthdate(s): _____

Breed(s): _____

Neutered/Spayed Yes No At what age?: _____

Where did you obtain your pet(s)?

- Friend Breeder Pet Shop Humane Society Other:

Payment:

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. We accept major credit cards, cash, check and care credit. There will be a service charge for any check returned unpaid.

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

Signature of client responsible for pet(s): _____ Date: _____