



# WELCOME



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about our pets health. To ensure the best care possible, please take the time to fill this out. Thank you.

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Primary #: \_\_\_\_\_  
( Financially Responsible)

Address: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Reminders: Email or Postcards

Spouse/Partner: \_\_\_\_\_ Primary #: \_\_\_\_\_

In case of Emergency, whom should we contact?:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of our clinic? (Circle one)

Sign      Yellow Pages      Social Media      Friend/Family, if so who?

\_\_\_\_\_

## Pet Information

Pet Name: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle one: Dog   Cat   Rabbit   Other      Gender: Male   Female   Spayed/Neutered

Where did you obtain this pet from? \_\_\_\_\_ Medications? \_\_\_\_\_

Vaccination history:

K9/Fe Distemper   Rabies   Lepto   Lyme   Kennel Cough   Leukemia   Influenza

Reason for visit: \_\_\_\_\_

## Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or staff member). ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept MasterCard, Visa, Discover, American Express, and CareCredit. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized pets must be currently vaccinated against rabies and free from internal and external parasites. The signature below authorizes this level of care and assumes financial responsibility for all charges incurred in that care.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_