



## CLIENT/PET INFORMATION

Owner Name: Mr. Mrs. Ms. \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Cell phone \_\_\_\_\_

(work) \_\_\_\_\_ Spouse (work) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Does your pet have a microchip or tattoo? If so, describe \_\_\_\_\_

Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_ Cat Declawed? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you obtain this pet? Friend \_\_\_\_\_ Breeder \_\_\_\_\_ Pet Shop \_\_\_\_\_ Humane Society \_\_\_\_\_ Other \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Do you have other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last vaccination \_\_\_\_\_ Dewormed \_\_\_\_\_

Name of monthly heartworm prevention \_\_\_\_\_ Describe pets diet \_\_\_\_\_

Describe any chronic health problems \_\_\_\_\_

List any medications and special diets your pet is currently on \_\_\_\_\_

Has your pet had any adverse reactions to medications, vaccinations, etc.? \_\_\_\_\_

Name of previous veterinary clinic where we may obtain past

records \_\_\_\_\_

### PAYMENT

We will gladly prepare an estimate of service fees if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT 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. We also offer a payment plan called CareCredit, which allows you to start treatment today and spread payments over time. Ask for information and/or an application regarding this. There will be a service charge for any check returned unpaid.

**If your choice of payment will ever be a check the law requires us to have the following information.**

Drivers License# \_\_\_\_\_ and Birth Date \_\_\_\_\_ Social Security# \_\_\_\_\_  
Spouse Drivers License# \_\_\_\_\_ and Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

**Please mark your method of payment today:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ I would like to discuss CareCredit \_\_\_\_\_

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccinations and free from internal and external parasites.

**Signature of Client responsible for pet(s)** \_\_\_\_\_ **Date** \_\_\_\_\_