

1201 Thompson Blvd.

Señalia, Missouri 65301

660-827-5310

Client Information

Owner Name (Primary Contact Person): _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Physical Address (If different than mailing address): Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address (Please Print Legibly): _____

Spouse/Co-Owner Name (Please Specify): _____

Phone: _____ Email (Please Print Legibly): _____

Pet Information

Pet's Name: _____ Dog: _____ Cat: _____ Other: _____

Age/Birthdate: _____ Sex: Male: _____ Female: _____ Breed: _____ Color: _____

Does your pet have a microchip? Yes No Brand: _____ Number: _____

Neutered/Spayed: Yes No Cat Declawed? Yes No

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

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

Date of last vaccination: _____ Dewormed: _____ Diet: _____

Name of monthly heartworm prevention _____ Other Medications: _____

Chronic health problems or adverse reactions to vaccinations, medications, etc.? _____

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 OF SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept all major credit cards. We also offer a payment plan called Care Credit 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:

Driver License# _____ Birth Date: _____ Social Security# _____

Spouse Driver License# _____ Birth Date: _____ Social Security# _____

Method of Payment today: Cash Check Credit/Debit Card Please discuss Care Credit

**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:** _____