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Thank you for giving us the opportunity to care for your pet(s). To insure the best care possible, please fill in this form completely.

Owner Information

Name _____ Spouse's Name _____
 Address _____
 (City/St./Zip _____ / _____ / _____)
 Phone _____ Work _____ Cell _____
 Place of employment _____
 Drivers License# _____ DOB _____
EMAIL ADDRESS _____ @ _____ . _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please circle preferred payment method: cash /check, visa /master card /discover /care credit
 How did you become aware of our hospital? **Drove by** Yellow Pages Previous client
 internet recommendation (Whom may we thank) _____

<u>Patient Information</u>	Pet # 1		Pet # 2		Pet # 3	
Animals Name						
Dog or Cat						
Breed						
Color						
Age or DOB						
Sex/Spayed or Neutered Circle=>	Male	Female	Male	Female	Male	Female
	Altered		Altered		Altered	
<u>Vaccine/History</u>	List Dates		List Dates		List Dates	
K-9 / Feline Rabies						
K-9 / Feline Bordetella						
K-9/Feline Fecal test (stool sample)						
K-9 / Feline Heartworm test						
K-9 only Distemper/Parvo						
Feline only Upper Respiratory/FELV						
Feline only FIV						
FELV/FIV test?						
Any Thing we should Know about your pet(s)?						

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of these animals. I understand that these charges must be paid at the time of release and that a deposit may be required for any services.

Signature of Owner/Agent _____ date _____