

If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

### Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Name Initial

Soc. Sec. # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Email \_\_\_\_\_

Spouse or co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Business Email \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Notify in case of emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pet Information

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

Age/Birthdate \_\_\_\_\_ Sex  M  F Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered/Spayed  Yes  No At what age? \_\_\_\_\_

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

At what age was the pet obtained? \_\_\_\_\_ months / years

For what purpose was this pet obtained?  Companionship  Protection  Breeding  Show  Other \_\_\_\_\_

Diet (kind of pet food) \_\_\_\_\_

Pet's history—check ( ✓ ) all that pet has received:  
 DHLPP (Distemper—Dog)  Feline leukemia test (Cat)  Rabies (Dog/Cat)  
 Parvovirus (Dog)  FVRCP (Infectious diseases—Cat)  Dentistry

Describe any:  
 Prior illness \_\_\_\_\_  Prior surgery \_\_\_\_\_

Reason for pet's visit \_\_\_\_\_

### 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. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. 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 \_\_\_\_\_