

CLIENT INFORMATION

OWNER NAME _____ DATE ____/____/_____
OWNER TITLE (PLEASE CIRCLE) MR. MRS. MISS MS. DR. OTHER _____
SPOUSE/CO-OWNER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE: HOME _____ WORK _____ CELL _____
REFERRED BY (WHOM MAY WE THANK?) _____
YELLOW PAGES ____, SIGN ____, INTERNET ____, HUMANE SOC. ____, PET STORE ____, OTHER ____
EMPLOYER : _____
EMAIL: _____

(FOR APPOINTMENT REMINDERS, IMPORTANT INFORMATION AND UPDATES)

PATIENT INFORMATION

PET NAME _____
DATE OF BIRTH OR AGE – PLEASE SPECIFY YEARS/MONTHS/WEEKS _____
SPECIES: DOG CAT
BREED _____
COLOR _____
SEX: MALE NEUTERED? _____ FEMALE SPAYED? _____
PREVIOUS VETERINARIAN FOR VACCINATION HISTORY AND DATES _____
PLEASE LIST MEDICATIONS YOUR PET IS TAKING AND ANY KNOWN DRUG ALLERGIES _____

PAYMENT POLICY: ALL FEES AND CHARGES ARE DUE AND PAYABLE UPON RELEASE OF PATIENT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. ANY BALANCE FORWARD IS SUBJECT TO FINANCE CHARGES.

TODAY I PLAN TO PAY BY (PLEASE CIRCLE ONE):

CASH CHECK DEBIT MASTERCARD VISA DISCOVER AMEX CARE CREDIT

PAYMENT AGREEMENT: I AM THE OWNER OR AGENT FOR THE OWNER OF THE ABOVE DESCRIBED ANIMAL AND HAVE THE AUTHORITY TO EXECUTE TREATMENT AGREED UPON BY MYSELF AND THE ATTENDING VETERINARIAN. AS THE OWNER OR AGENT FOR THE OWNER, I UNDERSTAND IT IS MY RESPONSIBILITY TO REMIT PAYMENT FOR TREATMENTS PERFORMED.

SIGNED _____