



Welcome to Carroll County Veterinary Services, LLC!

Thank you for giving us the opportunity to care for your pet. In order that we may better serve you, please complete the following:

Client Information

Your name _____ Co-Owner's Name _____

Address _____ City _____ Zip Code _____

Phone # _____ Cell # _____ Work# _____

Place of Employment _____ Email _____

Driver's License # _____

How did you hear about us? Drive by Newspaper Facebook Referral: _____

Patient Information

Pet's Name _____ Species _____ Breed _____

Sex _____ Spayed/Neutered _____ Birthdate/Age _____ How long owned? _____

Color _____ Where obtained? Pet Store Shelter Breeder Other: _____

Any medications? _____ Brand/Type of Food _____

Is your pet confined to: House House & Yard Outdoors

Date of last veterinary visit: _____ Does your pet leave your property? _____

Previous Illnesses and/or surgeries: _____

Allergies or Vaccine Reactions: _____

Financial Policy

Thank you for choosing Carroll County Veterinary Services, LLC for your animal's health care needs. We are dedicated to providing the highest quality care to all of our patients.

I hereby assume responsibility for all charges incurred in the care my animals. I also understand these charges will be paid at the time of release or upon receipt of an invoice (large animal calls only) and that a deposit may be required for extensive medical or surgical treatment.

Preferred method of payment: Cash Check Credit/Debit Card

Owner's Signature _____ Date: _____