

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information Name (Last, First)_____ _____ Date _____ Driver's License # ______ D. O. B. _____ Address _____ City _____ State ____ Zip ____ Home Phone _____ Cell Phone _____ Email _____ Notify in case of emergency _____ Phone Number (s) _____ How did you learn about our practice? Pet Information Pet's Name ______ (Please circle) Dog Cat Other _____ Age or Birthdate ______ (months/years) Sex (Please circle): M F Spayed/Neutered: Yes No Breed _____ Diet (kind of pet food) _____ Where did you obtain this pet? _____ At what age? _____ Pet's history: Check all that pet has received and approximate date (s): Dog: ___ DHPP (Distemper & Parvo) Cat: ___ Felovac Parvo only Rabies Heartworm test ___ Leukemia ___ Rabies ___ FIV/FeLV test 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 to discharge, we accept major credit cards (all except American Express), Care Credit, or may establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid. Our office visit charges are listed below. Any diagnostics or treatments performed will be at an additional fee. Office Visit Fee: Mon-Fri during normal business hours \$40 Saturday & Sunday \$50 Emergency or after normal business hours \$70 Please indicate your planned method of payment: ___ Cash ___ Check ___ Credit Card ___ Care Credit To prevent the spread of infectious diseases, all hospitalized, surgical, and boarding patients must be current on all

vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care

Signature of client responsible for pet(s) ______ Date _____

and the appropriate charges will be assessed in the discharge invoice.