

CLIENT NAME: _____
SPOUSE (husband/wife/partner): _____
MAILING ADDRESS: _____
ADDRESS LINE 2: _____
TOWN – STATE: _____ ZIP: _____
HOME PHONE: (____) _____ - _____
CELL PHONE: (____) _____ - _____
WORK PHONE: (____) _____ - _____ EXT _____
SPOUSE'S WORK: (____) _____ - _____ EXT _____
E-MAIL ADDRESS: _____ @ _____

PREFERRED CONTACT METHOD TEXT EMAIL POSTCARD PHONE CALL
WOULD YOU LIKE TO RECEIVE OUR E-MAIL NEWSLETTER? YES / NO

PET'S NAME: _____
SPECIES: _____ BREED: _____
SEX: M / F Has you pet been spayed/neutered? YES / NO
BORN: ____/____/____ or AGE: _____ COLOR: _____ WT: _____

Has your pet had a distemper vaccination in the last year? YES / NO If yes, month? ____
Is your dog on heartworm prevention? YES / NO If yes, Daily / Monthly?
Has your pet ever had a rabies vaccination? YES / NO
If yes, what month and year? ____/____
Has your dog ever had a Lyme vaccination? YES / NO
If yes, what month and year? ____/____
Has your cat been vaccinated for feline leukemia? YES / NO
If yes, what month and year? ____/____
If you are unsure of the dates, do you know at which veterinarian the vaccinations were given to your pet?
Dr./Hospital: _____

Are there any health problems, past or present, we should know about your pet (eg seizures, drug reactions, allergies)? YES / NO If yes, please explain: _____

Is your pet on any medication at this time? YES / NO
If yes, what? _____
How often? _____
Prescribed by? Dr. _____

I hereby certify that the information provided is correct to the best of my knowledge. I am aware of the Pomfret Small Animal Clinic's payment policy that clearly states that payment is expected in full at the time of my pet's discharge. (We accept cash, personal checks, MasterCard, Visa, Discover, and American Express). Credit is available through Care Credit (Dencharge) from Bank One. Please request an application if needed.

Date: ____/____/____ Signature: _____

If you will be paying by check, please supply your driver's license number this one time so we do not have to ask you for it again:
Driver's License #: _____ STATE: _____

WRITTEN AND PHONE ESTIMATES ARE AVAILABLE UPON REQUEST

Is an estimate required before additional treatment beyond examination, immediate life support, and those services requested is performed? YES / NO
If yes, how can we contact you: _____