Camanche Veterinary Clinic

807 - 7th Ave.
Camanche, Iowa 52730
(563) 259-4017
Fax: (563) 259-4370

Thank you for giving us this opportunity to care for your pet. To help us meet your needs better, please take a moment to share some important information so we may support your pet's needs today and in the future.

PLEASE PRINT Who can we thank for referring you to us?_____

Clients name_____ D.L. # OR SSN_____ Cell #_____

Spouse/Other_____ D.L. # OR SSN_____ Cell#_____

Address_____ City_____ State_____ Zip_____

Home phone_____ Email address_____

Employer_____ Work Phone_____

Spouse/Other Employer_____ Work Phone_____

Best time to reach you_____ At what number?_____

Alternate emergency contact_____ Phone_____

PLEASE LIST ONE REFERENCE_____ Phone_____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE ARE RENDERED.

Please tell us how you will be paying your bill today by checking one of the following

☐ *Cash* ☐ *Check* ☐ *Credit Card (MasterCard, Visa, Discover)* ☐ *Care Credit* ☐ *Other*

ESSENTIAL PET INFORMATION

Pet's Name	*Species*	*Date of Birth*	*Sex*	*Breed*	*Color*

MEDICAL RECORD *Please circle if your pet has had the following healthcare within the last year.*

CAT			***DOG***		
Physical Exam	*YES*	*NO*	*Physical Exam*	*YES*	*NO*
Vaccinations	*YES*	*NO*	*Vaccinations*	*YES*	*NO*
Blood Profile	*YES*	*NO*	*Blood Profile*	*YES*	*NO*
Fecal Exam	*YES*	*NO*	*Fecal Exam*	*YES*	*NO*
FIV/Leukemia Test	*YES*	*NO*	*Heartworm Test*	*YES*	*NO*
Pet Dental Care	*YES*	*NO*	*Pet Dental Care*	*YES*	*NO*

IS YOUR PET ON:

Monthly Heartworm/Flea Prev. *YES* *NO*

Monthly Intestinal Parasite Prev. *YES* *NO*

Previous Veterinarian/Clinic _____

*Have your pets traveled outside of this area?*_____ *Where?* _____

To prevent the spread of infectious diseases, all hospitalized and boarded pets must be current on all vaccinations and free of internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

*Signature of responsible agent for your pet(s)*_____ *Date*_____