

Welcome To The Jacobson Veterinary Clinic P.C.

Owner Name _____ Address _____

City _____ State _____ Zip _____

SS# _____ DL# _____

Home Phone _____ Cellular _____ Fax _____

Email Address _____ Best time of day to call _____ a.m. _____ p.m.

Place of employment _____ Phone _____

Address _____

Spouse/Co-Owner _____

SS# _____ DL# _____

Place of employment _____ Phone _____

Address _____

May we call you at work if necessary? Owner _____ Co-Owner _____

How did you hear about our clinic?

What is the most important factor in choosing a veterinarian to care for your pet?

I understand that any charges made on behalf of the below named pet(s) will be my responsibility.

Signature/Name _____ Date _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT
WE ACCEPT PAYMENT BY CASH, CHECK,
VISA AND MASTERCARD.

****Please Complete Pet Information on the reverse side****

Pet Information	Pet 1	Pet 2	Pet 3
Name			
Species (canine/feline)			
Breed			
Birthdate/Age			
Sex (Male/ Neutered Female/Spayed)			
Color			
Vaccination History – DATE GIVEN			
Rabies			
Distemper (DA ₂ PP Canine, FVRCP Feline)			
Fecal Exam			
Heartworm Test			
Bordetella (Canine)			
Lepto (Canine)			
Lyme (Canine)			
Leukemia (Feline)			
FIV (Feline)			
Microchip Number			
Pet Health Questions			
Current Diets			
Current Medications			
Known Allergies			
Do You Board?			
Do they get Groomed			
Are they used for Hunting?			

OUR POLICY OF CARE AND PAYMENT

Ensuring that our patients receive high quality care is the goal of our practice.

Payment is due at the time of treatment. We accept cash, check, and Visa & Mastercard Credit Cards. We also have a payment plan called CareCredit, that allows you to start treatment today and spread payments over time.

Payment Options

1. Cash
2. Check
3. Visa & Mastercard Credit Cards
4. CareCredit

**Applying for CareCredit only takes a few minutes and there is no fee to apply.

Please indicate below the form of payment you choose to settle your account: *check one*

- Cash
- Check
- Visa or Mastercard Credit Card
- CareCredit (Subject to credit approval.) If credit application is declined, another form of payment listed above is required.

Signature of Client / Responsible Party

Date