Welcome

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health care.

Please legibly print all information so it can be entered into our system accurately.

Owner Name _____ *(Spouse/Co-Owner information below)*

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____ Other Contact Info _____

SS# _____ DL# _____Date of Birth_____

Place of Employment _____ Phone _____

Spouse/Co-Owner: Name _____ Phone _____

Place of Employment _____ Work Phone _____

SS# _____ DL# _____Date of Birth_____

Please list someone other than listed above for the information below, in the event we cannot reach you.

Emergency Contact Name _____ Phone _____

How did you hear about our clinic? ☐ Yellow Pages ☐ Drive-By ☐ Internet/Website ☐ Other _____

□ Recommendation: by whom? _____

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, and that all fees are due upon release of the patient.

Signature _____ Date _____

We accept cash, check, and Visa, MasterCard & Discover Credit Cards.

Continued….

Pet #1 Health History

Name of Pet _____ □ Dog □ Cat

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Any Pre-Existing Health Conditions _____

Any Known Allergies _____

Current Medications _____

Current Diet _____

Does your pet board? ☐ Yes ☐ No – Groomed? ☐ Yes ☐ No – Hunt? ☐ Yes ☐ No

Vaccination History

We will need a hard copy of your pet's vaccines for our records. These need to be complete with date and type of vaccine. Where can we find these records?

Previous Veterinary Hospital _____ Phone _____

Other _____ Contact Info _____

☐ I brought my pet's vaccine history

Pet #2 Health History

Name of Pet _____ □ Dog □ Cat

Breed _____ Color _____ Birthdate _____

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Any Pre-Existing Health Conditions _____

Any Known Allergies _____

Current Medications _____

Current Diet _____

Does your pet board? ☐ Yes ☐ No – Groomed? ☐ Yes ☐ No – Hunt? ☐ Yes ☐ No

Vaccination History

We will need a hard copy of your pet's vaccines for our records. These need to be complete with date and type of vaccine. Where can we find these records?

Previous Veterinary Hospital _____ Phone _____

Other _____ Contact Info _____

☐ I brought my pet's vaccine history

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 or Discover credit/debit cards. We also accept the payment plan called CareCredit, which allows you to start treatment today and spread payments over time.

Payment Options

1. Cash
2. Check
3. Visa, MasterCard, Discover credit/debit cards
4. CareCredit

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

Below, please indicate the form of payment you choose to settle your account with most often: *check one*

- ☐ Cash
- ☐ Check
- ☐ Visa, MasterCard, Discover 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