



Your First Name _____ Last Name _____

Additional Owner/Authorized Contact Person _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Mobile _____ Landline (circle one)

Other Phone _____ Mobile _____ Landline (circle one)

Other Phone _____ Mobile _____ Landline (circle one)

Email Address* _____

Your Employer _____

May we call you at work if necessary? Y / N If yes, Work Phone _____

Additional Owner Employer _____

May we call you at work if necessary? Y / N If yes, Work Phone _____

How did you hear about us? Please be as specific as possible; search engine, friend's full name, publication, etc.

We'd love to make your pet a star on our social media! We share cute photos with your pet's first name only.

If you wish to **decline** sharing your pet's photos, please initial here _____

**We respect your privacy. Your email will be used only to contact you regarding your pets. It will not be sold or distributed.*

All fees are due at the time services are rendered.

We will gladly prepare a cost estimate prior to treatment; please ask your doctor or receptionist. Methods of payment include:

Cash - Visa - MasterCard - American Express - Discover - Care Credit

As owner or agent for the pet(s) described on the following page, I certify that I have read and agree to the above financial policy, and that I am at least 18 years of age. **I assume financial responsibility for all services rendered**, and I understand that any accounts over 30 days past due will be subject to a monthly interest fee.

SIGNATURE

PRINT NAME

DATE

ADDITIONAL OWNER SIGNATURE (if available)

PRINT NAME

DATE

Tell us about your pet(s)! 

Pet's Name _____

Dog

Cat

Bird

Other _____

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age _____

Approximate / Actual (circle one)

Breed _____

Color _____

Previous Veterinarian:

Prior illnesses or surgeries:

Any allergies we should know about?

Pet's Name _____

Dog

Cat

Bird

Other _____

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age _____

Approximate / Actual (circle one)

Breed _____

Color _____

Previous Veterinarian:

Prior illnesses or surgeries:

Any allergies we should know about?

Pet's Name _____

Dog

Cat

Bird

Other _____

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age _____

Approximate / Actual (circle one)

Breed _____

Color _____

Previous Veterinarian:

Prior illnesses or surgeries:

Any allergies we should know about?

Pet's Name _____

Dog

Cat

Bird

Other _____

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age _____

Approximate / Actual (circle one)

Breed _____

Color _____

Previous Veterinarian:

Prior illnesses or surgeries:

Any allergies we should know about?
