

# WELCOME

## Client Information

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Physical Address (if PO Box is listed above) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Reminders by email? (Circle) Yes No

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

How did you hear about us? (Please be specific) \_\_\_\_\_

Who is your primary veterinarian? \_\_\_\_\_

Employer: \_\_\_\_\_

## Pet Information

Pet Name:	Pet Name:	Pet Name:
Dog / Cat / Other:	Dog / Cat / Other:	Dog / Cat / Other:
Male / Female Spayed / Neut	Male / Female Spayed / Neut	Male / Female Spayed / Neut
Breed:	Breed:	Breed:
Color:	Color:	Color:
Age:	Age:	Age:
Microchip:	Microchip:	Microchip:

## Authorization & Payment

I hereby authorize the veterinarian to examine, prescribe for or treat the above animal(s). I assume responsibility for all charges incurred in the care of the animal.

**I also understand that all professional fees are due at the time services are rendered.** We accept cash, check, Visa, MasterCard, and CareCredit. **We do not extend any form of credit.**

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

Office Only: Reminders: Requested \_\_\_\_\_ Entered \_\_\_\_\_ Classification: Day / ER

Client Referral Card: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: / /