



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

NAME _____ SPOUSE'S NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____
 PLACE OF EMPLOYMENT _____
 EMAIL ADDRESS _____

*******ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED*******

PLEASE INDICATE CHOICE OF PAYMENT:

{ } CASH/CHECK { } CREDIT CARD VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS,
 CARE CREDIT

*******DEPOSITS ARE REQUIRED FOR ANIMALS HOSPITALIZED OR IN EMERGENCY SITUATIONS,
 AND WILL BE COLLECTED AT TIME OF ADMITTANCE*******

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE			
COLOR			
SEX; SPAYED OR NEUTERED			
LOCATION OF CURRENT			
VACCINATION RECORDS			
HEARTWORM PREVENTION			

Any serious illnesses or surgeries? _____
 Any allergies to vaccinations or medications? _____
 Is your pet on any special diets or medications? _____
 Would you like to be present during treatment of your pet? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the aboved described pet(s).

I take full responsibility for all charged incurred in the care of this animal.

I also understand that these fees will be paid at the time of release and that a deposit may be required for treatment.

Signature of owner/agent _____ Date _____