

We are pleased to welcome you to our practice! Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health

Please check one:  New Client  
 Current Client, New Pet (If information is the same please skip down to pet's information)

CLIENT INFORMATION

OWNER NAME \_\_\_\_\_  
CO OWNER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PRIMARY # \_\_\_\_\_ (CELL /HOME) SECONDARY # \_\_\_\_\_ (CELL/HOME)  
E-MAIL ADDRESS \_\_\_\_\_  
HOW WERE YOU REFERRED TO US? \_\_\_\_\_

PET INFORMATION

PET'S NAME \_\_\_\_\_ CIRCLE ONE : DOG CAT OTHER \_\_\_\_\_  
BREED \_\_\_\_\_ AGE/DATE OF BIRTH \_\_\_\_\_  
SEX: M F SPAYED/NEUTERED: YES NO COLOR OF PET \_\_\_\_\_  
LAST RABIES VACCINATION: DATE \_\_\_\_\_ WHERE GIVEN \_\_\_\_\_  
LAST DISTEMPER VACCINATION: DATE \_\_\_\_\_ WHERE GIVEN \_\_\_\_\_  
FOR DOGS: Has your dog been tested for heartworm this year? YES NO  
FOR CATS: Has your cat been tested for feline leukemia virus? YES NO

PAYMENT

We will gladly prepare a written estimate of service fees if you desire (please ask our doctors or receptionists). All professional fees are due at the time services are rendered. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept VISA, Mastercard, Discover, American Express and Care Credit.

**\*Professional fees must be paid when service is rendered.\***

CASH \_\_\_\_\_ DISCOVER \_\_\_\_\_ VISA/MC \_\_\_\_\_ AMEX \_\_\_\_\_ CARE CREDIT \_\_\_\_\_