



WELCOME!

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone # _____

Employer _____ Spouse's Employer _____

Email _____

Help us be green! Would you like to receive your pet's reminders by email only (no snail mail)? Yes No

How did you become aware of our clinic? _____ Referral Name _____

Patient Info	Pet #1	Pet #2	Pet #3
Name			
Species	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Breed			
Date of Birth			
Color			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Spayed or Neutered?			
Last Vaccination Date			
Previous Vet			

Payment in full is required at time service is rendered.
Which form(s) of payment will you use? (Check all that will apply)
 Cash Visa MasterCard American Express Debit/ATM Care Credit
We are unable to accept checks.

Release and Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume financial responsibility for all charges incurred. I understand that I will be given an explanation of necessary procedures and an estimate of costs prior to incurring any expense greater than \$150.00 total unless I request otherwise. I also understand that all charges must be paid in full at the time of discharge.

Signature _____ Date _____