

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out all areas of this information sheet.

Owner's Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home#: _____ Work/Cell #: _____
Driver's License # _____
E-MAIL ADDRESS : _____ (for reminders only)

What will be your method of payment today? Visa MasterCard Debit Card Cash Care Credit
WE DO NOT ACCEPT CHECKS

Name of Spouse/Significant Other _____
 If referred to our clinic, please list their name(s) _____

In Case of EMERGENCY, Call _____
 When is the best time to call about your pet? _____

MY PETS ARE:

MALE?
 FEMALE?
 Neutered: Y/N?

NAME	AGE	BREED	COLOR	

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations and free of external parasites.

Any pet found to have fleas/ticks at time of admittance will be treated at owner's expense.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pets listed and any additional pets that I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged, from the hospital or the service is otherwise terminated. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and /or certified letter that must be sent. Payment options include cash, debit card, care credit, visa and master card. If you are interested in a line of credit, ask our receptionist about Care Credit.

- **There is no in-house charging. All payment arrangements must be made before any animal is examined.**

I understand that this is not a 24-hour facility and that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Client signature _____ Date _____