



WELCOME TO OUR PRACTICE!

Our mission is to provide quality, compassionate veterinary care to your pet. Thank you for giving us the opportunity. Please help us meet your needs better by taking a moment to complete both sides of this information sheet. **Please complete ALL spaces.** Thank you.

Date: _____

Owner's Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Social Security #: _____

Employer: _____ Work Phone: _____

Significant Other: _____ Contact Phone: _____

We will gladly prepare a written estimate at your request; however, please remember this is an estimate and charges may go up or down depending on what is found during examination. This is important as **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept cash, MasterCard, Visa, Discover, American Express and Care Credit – no personal checks.

How did you learn about our hospital (i.e. drive by, internet): _____

To prevent the spread of infectious diseases and parasites, all hospitalized and boarded patients must be current of all vaccines and free of internal and external parasites. Your signature below authorizes this level of prevent care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent/Owner: _____

PLEASE FILL OUT THE PET MEDICAL HISTORY ON THE BACK OF THIS FORM

PET MEDICAL HISTORY

(Please complete all information for each pet)

Pet #1

Pet #2

Pet #3

Name			
Species (dog, cat, etc)			
Breed			
Descriptions (Color)			
Sex			
Date of Birth			
Altered (Neutered/spayed			
Last Vaccines Given			
Where were Vaccines Given?			
Regular Veterinarian			
Veterinarian Phone #			
Long Term Medical Problems			
Pet Insurance Info			