



Thank you for giving us the opportunity to care for your pet.
To insure the best care possible, please complete this form.

Client Information

Owner's Name: 1. _____
2. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: () _____ Cell: () _____

Employer: _____ Work: # () _____

Patient Information

Patient ID

Name: _____
 Cat Dog Other Female Male
 Spayed Neutered

Breed: _____ Birth Date: _____ Color: _____

Referring Veterinarian

Name: _____

Name of Hospital: _____

Telephone Number: () _____ Fax: () _____

Primary reason for visit: _____

Did you bring x-rays with you? Yes No

Accepted forms of payment: Cash, Visa, MasterCard, American Express, Discover and Care Credit. All Checks are electronically processed. Check writer must be present and a copy of driver's license will be kept on file. If check cannot be electronically processed, we will require another form of payment.

Authorization

I assume responsibility for all charges incurred in the care of this patient. I also understand that these charges are to be paid at the time of treatment and that a 75% deposit will be required for all procedures.

Signature of Owner: _____ Date: _____