



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

Client Information

Client ID# _____

Owner's Name: 1. _____
2. _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____
Additional Phone #: _____
Email Address: _____

- Home
- Cell
- Work

Secondary Phone #: _____
Employer: _____

- Home
- Cell
- Work

Patient Information

Patient ID # _____

Name: _____
 Cat Dog Other

- Female
- Spayed
- Male
- Neutered

Breed: _____ Birth Date/Age: _____ Color: _____

Referring Veterinarian

Name of Referring Veterinarian: _____
Name Of Hospital: _____
Phone Number: _____ Fax Number: _____

If you have a 2nd veterinarian that you would like us to keep informed, please complete the following:

Name of Referring Veterinarian: _____
Name Of Hospital: _____
Phone Number: _____ Fax Number: _____
Did you bring x-rays with you? Yes No If you did, are they on a CD? Yes No

Primary reason for visit: _____

Accepted forms of payment: Cash, Visa, MasterCard, American Express, Discover and Care Credit. All Checks are electronically processed. Check writer must be present with a driver's license. If check cannot be electronically processed, we will require another form of payment. If paying by Credit Card, Care Credit or Citi Health, the cardholder must be present with their card and a valid ID.

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: _____