



Welcome to our practice!
Thank you for giving us the opportunity to
care for your pet(s).
Please take a moment to provide us with
some important information.

Client Information:

Name: _____ Spouse: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Spouse Cell: _____ Best place to call regarding your pet(s): _____

E-Mail: _____

- **Reminder Preference (circle one):** E-Mail OR Postcard
- **Name of Previous Veterinarian/Hospital:** _____
May we request your pet(s) prior medical records? Yes/No
- **Do you authorize us to send your pet(s) medical records to another veterinary hospital that may request records in the future? Yes/No**

Please list all pets below:

Name	Dog/ Cat	Breed	Color	Sex	Spay/ Neuter	Birth Date	Medical Conditions/Allergies

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (please check)

Referred by: _____ Yellow Pages Live Nearby
 Advertisement: _____ Other: _____ Internet: _____

We want to show off our new patients on Facebook! Do you grant us permission? (circle one) Yes/ No

I assume responsibility for all charges incurred in the care of my pet(s) regardless of the outcome. I also understand that ALL FEES ARE DUE AT THE TIME OF SERVICE.

X _____ Date: _____

We accept cash, Visa, Mastercard, Discover and Care Credit. Personal checks are accepted from established clients