



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 space.** Thank you.

Date _____

Owner's Name _____

Address _____ Apt# _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Secondary _____ Cell Phone _____

Relation _____ Employer _____

We will gladly prepare a written estimate at your request; however, please remember this is an estimate and charge 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, Master Card, Visa, Discover, American Express.

NO CARE CREDIT AND 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 _____

PET MEDICAL HISTORY

(Please complete all information for each pet)

	Pet #1	Pet #2	Pet #3
Name			
Species(Dog, Cat, Other)			
Breed			
Description (Color)			
Sex			
Date of Birth/Estimated Age			
Altered (Neutered or spayed)			
Last Vaccines Given			
Wherewere Vaccines Given?			
Regular Veterinarian			
Veterinarian Phone#			
Long-Term Medical Problem(s)			
Pet Insurance Infomation			