



MYRTLE VETERINARY HOSPITAL

CLIENT INFORMATION: (Please print)

OWNER(S) _____ SPOUSE: _____

First name

Last name

First name

Last name

Drivers Lic. # _____ State _____ / Drivers Lic. # _____ State _____

Address: _____

Street

City

State

Zipcode

Mailing address _____

Street

City

State

Zipcode

Phone #() _____ Cell #() _____

Employment _____ Work #() _____

E-MAIL Address: _____

HOW DID YOU HEAR ABOUT US? _____

PATIENT NAME:

SPECIES

BREED

COLOR _____ (MALE) (FEMALE) OR (SPAYED) (NEUTERED) AGE _____

MEDICAL HISTORY:

MEDICATIONS:

1. _____ 2. _____

VACCINATIONS HISTORY: Has your animal had these vaccinations within the last year?

Feline(Cat): (DISTEMPER) (FELINE LEUKEMIA) (UPPER RESPIRATORY) (RABIES)

Canine(Dog): (DISTEMPER)(PARVO)(HEPATITIS)(PARAINFLUENZA)(BORDETELLA)(RABIES)

WHO WAS YOUR PREVIOUS VETERINARIAN: _____

(Address & Phone) _____

WHO WILL YOU ALLOW TO PICK UP YOUR ANIMALS?

1. _____ PHONE _____

2. _____ PHONE _____

You are financially responsible for the timely payment of your bill per our payment policies. Our policy is payment is due at time of service. You are responsible for all monthly billing and interest fees. You are responsible for any and all collection agency fees up to fifty percent of the amount placed with, or assigned to, the collection agency. In the event we seek legal action for collection on your account, you may also be responsible for any and all fees associated with court costs, garnishments, and/or attorney fees.

Signature: _____ Signature: _____ Date: _____