

**CLIENT INFORMATION**

**Your Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
**Whom may we thank for referring you ?:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Communication preference (check all that apply):** Email [ ] Text [ ] Phone [ ]  
**May we use your pet(s) photo on our social media?** YES / NO

**PET INFORMATION**

**Pet's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Dog**[ ] **Cat**[ ] **Exotic pet**[ ] **Male**[ ] **Female** [ ] **Spayed/Neutered** YES / NO  
**Pet's history/illness:** \_\_\_\_\_  
 \_\_\_\_\_  
**List any medications:** \_\_\_\_\_  
**Current on vaccines?** YES / NO **Previous weight:** \_\_\_\_\_

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**Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Dog**[ ] **Cat**[ ] **Exotic pet**[ ] **Male**[ ] **Female** [ ] **Spayed/Neutered** YES / NO  
**Pet's history/illness:** \_\_\_\_\_  
 \_\_\_\_\_  
**List any medications:** \_\_\_\_\_  
**Current on vaccines?** YES / NO **Previous weight:** \_\_\_\_\_

**PAYMENT**

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, AND DEPOSITS ARE REQUIRED ON ALL HOSPITALIZED PATIENTS.

I will be paying by **CASH** **CHECK** **CREDIT CARD**(Visa, Mastercard, Discovery or American Express)

Our check clearing service requires that we see and record the following information before accepting a check payment  
There will be a \$25.00 charge on returned checks. If a check is returned, all future services on account must be paid by  
Cash OR credit care.

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**Which pet insurance company do you have? :** \_\_\_\_\_

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*We also accept Care Credit as a form of payment. Ask our receptionist for more information!*

**Driver's license #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Owner's Date of birth:** \_\_\_\_\_