

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as possible. If you have any questions, we'll be glad to help you. We look forward to serving you and your pet.

**CLIENT INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
SOC SEC # \_\_\_\_\_ HOW DID YOU HEAR ABOUT OUR PRACTICE?  
( ) YELLOW PAGES ( ) HOSPITAL SIGN ( ) WEB ( ) OTHER ( ) PET STORE ( ) FRIEND  
WHO MAY WE THANK \_\_\_\_\_

**PET INFORMATION**

PET'S NAME \_\_\_\_\_ ( ) DOG ( ) CAT ( ) BIRD ( ) OTHER \_\_\_\_\_  
BREED \_\_\_\_\_ SEX \_\_\_\_\_ COLOR \_\_\_\_\_  
SPAYED/NEUTER ( ) YES ( ) NO LENGTH TIME OWNED \_\_\_\_\_  
WHERE DID YOU OBTAIN YOUR PET? \_\_\_\_\_ AGE/BIRTH DAY \_\_\_\_\_  
DATE VACCINES WERE GIVEN \_\_\_\_\_ ( ) RABIES ( ) DA2PP/FVRCPP  
PREVIOUS VETERINARIAN/HOSPITAL \_\_\_\_\_  
PRIOR ILLNESS \_\_\_\_\_ PRIOR SURGERY \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_ REASON FOR VISIT TODAY \_\_\_\_\_

**PAYMENT**

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE OF SERVICE FEES IF YOU DESIRE. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. IN CASES OF EXTREME MEDICAL OR SURGICAL PROCEDURES WHERE FULL PAYMENT MAY BE DIFFICULT AT DISCHARGE, WE ACCEPT MAJOR CREDIT CARDS OR CAN ESTABLISH A PAYMENT ARRANGEMENT IF APPROVED IN ADVANCE OF TREATMENT. IF YOU CARRY A BALANCE THAT IS PAST DUE FOR MORE THAN 30 DAYS WE RESERVE THE RIGHT TO CHARGE THE BALANCE TO ANY CREDIT CARD USED AT ANIMAL MEDICAL CENTER. THERE WILL BE A \$25.00 SERVICE CHARGE FOR ANY RETURNED CHECK. SORRY WE DO NOT ACCEPT BUSINESS OR COMPANY CHECKS.

( ) CASH ( ) VISA ( ) MASTER CARD ( ) AMEX ( ) DISCOVER ( ) CARE CREDIT ( ) CHECK

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_