



Thank you for giving us the opportunity to care for your pets. Date \_\_\_\_\_  
 So that we may become better acquainted, please complete the following. Account \_\_\_\_\_

**CLIENT INFORMATION**

Owner(s) \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 \_\_\_\_\_ Employer(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Email Addr(s) \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_  
 County \_\_\_\_\_

<b>PATIENT INFORMATION</b>	<b>Pet #1:</b>	<b>Pet #2:</b>	<b>Pet #3:</b>
Name			
Breed/Color			
Date of Birth/Age			
Sex / Spayed or Neutered?			
Any previous serious illness or surgeries			
Any reactions to vaccinations or medications			
Diet			
Rabies Vaccine Last Given:			
Distemper Vaccine Last Given:			
Kennel Cough vaccine			
Heartworm test?			
Feline leukemia vaccine			
FVRCP vaccine			

How did you become aware of our clinic? Web Search \_\_\_\_\_ Drove By \_\_\_\_\_ Facebook \_\_\_\_\_  
 Referral (Whom may we thank?) \_\_\_\_\_  
 Other \_\_\_\_\_

**PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED!**  
**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.**

If you plan to pay now or in the future by check, please provide the following information (checks returned for insufficient funds will be issued a \$35 returned check fee): Driver's License # \_\_\_\_\_

I AM RESPONSIBLE AND AGREE TO PAY IN FULL THE TOTAL CHARGES FOR SERVICES RENDERED AT THE TIME OF DISCHARGE AND ANY FEES INCURRED FOR COLLECTION OF SAID CHARGES. I UNDERSTAND THAT THE FEES ARE BASED ON TREATMENT DEEMED NECESSARY AT THE TIME OF EXAM, TREATMENT OR ADMISSION AND THAT THE ESTIMATE FEE MAY BE RAISED OR LOWERED BY THE ADMINISTRATION OF TREATMENT, MEDICATION, SURGERY OR DIAGNOSTIC TEST.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **Please initial if you prefer we DO NOT use your pet's image for social media posts and/or website posts.**  
**We will not include any client information in these posts unless requested by you.**

Signature (IF OTHER THAN OWNER): \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Telephone \_\_\_\_\_