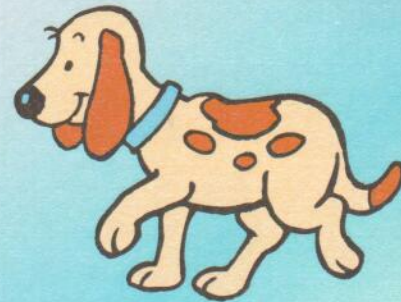


# Welcome!



## Client Information

Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name First Name Initial

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Sex:  M  F  Minor  Single  Married  Long Term Partner  Divorced  Widowed  Separated

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

In case of emergency, who should we contact? \_\_\_\_\_ Phone \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Age/Birthdate \_\_\_\_\_ Sex  M  F Breed \_\_\_\_\_ Weight \_\_\_\_\_

Neutered/Spayed  Yes  No At what age? \_\_\_\_\_

Where did you obtain this pet?  Friend  Breeder  Pet Shop  Humane Society  Other \_\_\_\_\_

At what age was pet obtained? \_\_\_\_\_ mo's/yrs.

For what purpose was this pet obtained?  Companionship  Protection  Breeding  Show  Other \_\_\_\_\_

Diet (kind of pet food) \_\_\_\_\_

Pet's History (Check all that pet has received)

- |  |   |
|--|---|
| <input type="checkbox"/> DHLPP (Distemper - Dog)           | <input type="checkbox"/> Feline Leukemia Test (Cat) |
| <input type="checkbox"/> Parvovirus (Dog)                  | <input type="checkbox"/> Dentistry                  |
| <input type="checkbox"/> FVRCP (Infectious Diseases - Cat) | <input type="checkbox"/> Prior Illness _____        |
| <input type="checkbox"/> Rabies (Dog/Cat)                  | <input type="checkbox"/> Prior Surgery _____        |

Describe the reason for pet's visit \_\_\_\_\_

## Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive 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 the treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_