



Client Information

Owner: _____
Spouse/Other Owner: _____
Address: _____ City/State: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____
Email: _____
How did you hear about us? _____

Animal Information

Name: _____ Age/Date of Birth: _____
Species (circle one): Dog Cat Small Mammal (_____)
Gender: Male Female Spayed/Neutered?: Yes No
Breed: _____
Dates of Last Vaccinations (mark all that apply):
Rabies: _____ Distemper combo (DHPP, DAPPL, FVRCP, etc): _____
Bordetella: _____ Lyme: _____
Date of last Heartworm test: _____
Where were the last vaccines given? _____
Is your pet currently on any medications? _____
Does your pet have any known medical conditions (such as allergies)? _____
What does your pet eat? How much?: _____

Payment Policy

(Please read and Initial)

Payment must be made in full for all services rendered at the time the services are provided or before the animal is released from the hospital. Payment options include: Cash, Check, Visa, MasterCard, and Discover Card. There will be a charge of \$30 for any returned check. The Clinic staff will provide an estimate of current and anticipated charges at any time the client requests one. Giving consent for a service to be provided constitutes an agreement to pay for that service. **This clinic is not a lending institution and does not provide billing or payment plan options.** *I have read and understand these terms:* _____

Signature: _____ Date: _____