

WELCOME TO OUR PRACTICE

Thanks you for giving us the opportunity to care for you pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

PLEASE PRINT IN ALL SPACES.

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

EMPLOYER _____ SPOUSE/OTHER EMPLOYER _____

CLIENT

SPOUSE / OTHER

WORK PHONE _____

WORK PHONE _____

CELL PHONE _____

CELL PHONE _____

E-MAIL _____

Please provide household email address for wellness reminders

For Check Writing Privileges: all information is needed for now or future appointments paid by check.

DRIVERS LICENSE # _____

DRIVERS LICENSE # _____

SOC. SEC # _____

SOC. SEC # _____

DATE OF BIRTH _____

DATE OF BIRTH _____

Payment policy:

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept Cash, Checks** (established accounts with local banks only and NO temporary checks allowed), **Visa, Mastercard, American Express and Discover**. In case of extensive medical or surgical procedures, the staff can assist with your application for Care Credit prior to treatment. There will be a \$25.00 service charge for any check returned unpaid.

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

Signature: **X** _____ Date: **X** _____

How/Why Did You Select Us? _____

Cat	Dog	Other	Pet's Name	DOB/Age	Sex	Breed/Color