WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your 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.

Your name: _____ Spouse/other _____

Address _____ City _____State_____ ZIP _____

Home Phone_____Cell_____E-MAIL_____

DL # _____ Employer_____Work Phone_____

Spouse/other Employer_____Work Phone_____

In case of emergency who should we contact: Name, Address and Telephone number.

Name_____Relationship_____Address_____

Phone_____

We will gladly prepare a written healthcare plan, with fees, if you desire (please ask our doctor OR nurse). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take VISA, Mastercard, Discover and American Express. There will be a $25 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized or boarded patients must be current on all vaccines, including bordetella, and free of 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 Responsible Agent for Pet(s) _____ Date_____

How did you select us? _____ (friend, yellow pages, etc.)

ESSENTIAL PET INFORMATION

CAT	DOG	OTHER	PET'S NAME	DOB	SEX	INTACT	BREED/DESCRIPTION/COLOR