

WELCOME TO OUR PRACTICE!!

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

PLEASE PRINT IN ALL SPACES

Owner's Name _____ **Co-Owner Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Would you like your pet's reminders sent via email? Yes/ No **Email** _____

Phone Number(s):

Name: _____ Number: _____ (home) (cell) (work)

How did you select us?

Yellow Pages Sign/Location Church Shelter: _____

Internet: _____ Referred By? _____

So we can obtain your pet's vaccine records, please list the name(s) of your previous veterinary clinic?

Pet's Name	Species	Breed	Color	DOB (Age)	Sex	Neutered/Spayed
	()cat ()dog				()M ()F	()Yes ()No
	()cat ()dog				()M ()F	()Yes ()No
	()cat ()dog				()M ()F	()Yes ()No
	()cat ()dog				()M ()F	()Yes ()No

ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire (Please ask doctor, receptionist, or technician). In cases of extensive medical or surgical procedures, half of the estimate will be required for a down payment before the procedure. We accept Cash, MasterCard, Visa, Discover, American Express, and Care Credit. *We Do Not Accept CHECKS as a form of payment*****

Client hereby acknowledges and agrees that any account that becomes delinquent will be subject to collections service. Client agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts owed, plus interest thereon at 18% per annum on all such amounts outstanding

Signature of Responsible Agent for Pet(s) _____ **Date** _____