

# 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.**

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHILDREN & VISITOR NAMES \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME FAX \_\_\_\_\_ COUNTY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE/OTHER EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE / PAGER (PLEASE INDICATE) \_\_\_\_\_ E-MAIL \_\_\_\_\_

At what time (\_\_\_\_\_) and at what phone number (\_\_\_\_\_) can we call to talk to you about your pet?

Who would we ask for? \_\_\_\_\_ Alternate Emergency Number \_\_\_\_\_

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.** *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, or Care Credit.* 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 preventive care and the appropriate charges will be assessed in the discharge invoice.

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

How/Why Did You Select Us? \_\_\_\_\_

If your pet(s) travel (or have traveled) out of the area, where? \_\_\_\_\_

Cat	Dog	Other	Pet's Name	DOB	Sex	Description

