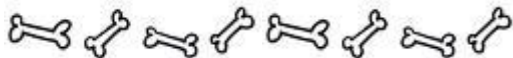


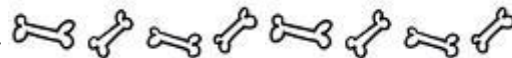


Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. THANK YOU!



CLIENT INFORMATION



Owner: _____ Spouse: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Spouse Phone: _____ Work Phone: _____
 Email Address: _____ Email Reminders? Yes / No
 Emergency Contact Name: _____ Phone: _____

How did you learn of our hospital? Sign Recommendation Yellow Pages Other: _____

If recommended, by whom? _____

Number of pets? Dogs? _____ Cats? _____ Other? _____

Reason for visit? _____



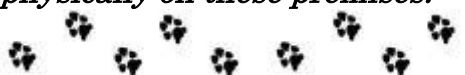
PET HEALTH HISTORY



Name of Pet: _____ Male Female Spayed / Neutered?
 Age/DOB: _____ Dog Cat Other: _____
 Breed: _____ Color: _____
 Vaccination History (Date & list type of last vaccinations): _____

Pets Current Medications (include heartworm preventative): _____

 Initial that you have read and understand the following statement:
This veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.



AUTHORIZATION



I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this and all of my animals. ***I also understand that all payments are due when services are rendered*** and that a deposit may be required in the case of surgical or emergency treatment.

Signature of Owner: _____ Date: _____

Method of payment(check any/all that apply): Cash Check Mastercard Visa Debit Discover

****PAYMENT POLICY:** *All fees must be paid when services are rendered. We accept cash, check, debit, visa, discover & mastercard for your convenience.*

I have read and understand the above payment policy: _____