



Welcome!

Thank you for giving us the opportunity to care for your pet(s).

CLIENT INFORMATION

Home Phone: _____ Work Phone: _____

Owner: _____ Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

S.S. #: _____ Driver's Lic #: _____ Date of Birth: _____

Employer: _____ Phone: _____

Co-Owner's Employer: _____ Phone: _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
Name			
Breed			
Date of Birth			
Color			
Sex; Spay or Neutered?			
Microchip?			
Your Dog's Medical History			
Rabies (1 or 3 year)			
Distemper-Parvo-Corona			
Bordetella			
Lyme			
Fecal (Stool Test)			
Heartworm Test / Preventative			
Your Cat's Medical History			
Rabies (1 or 3 year)			
Distemper-Respiratory			
Leukemia			
Feline Immunodeficiency Virus (FIV)			
Infectious Peritonitis (FIP)			
Fecal (Stool Test)			

PET ORIGIN: Non-breeder individual Kennel Breeder Pet Shop
 Friend Stray Humane Society Pet Refuge

We consider our pet(s) to be: Our "Child" Family Member Backyard Pet

Who may we thank for referring you to us? _____
Or were you referred by: Another doctor? Our Sign? Location? Yellow Pages?

**Payment in full is due at the time of service. We accept cash, check, Visa & Mastercard.
We will gladly prepare a written estimate if you desire. Please ask the receptionist, technician, or doctor.**

I understand that payment in full is due at the time services are rendered.
I have read the above statement carefully, and I certify that the information I have given is correct.

Signature of Owner _____ Date _____ Signature of Co-Owner _____ Date _____