

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to fill out the information below.

Owner's Name: _____ Spouse/Other: _____

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

Home Phone # _____ Cell Phone # _____ Work Phone# _____

Email Address (for reminders): _____

We will gladly prepare a written estimate if you so desire. Please ask our Receptionist or Technician. **Professional fees are due at time services are rendered.**

Preferred Method of Payment: Cash Check Credit Card (Visa/MC/Discover) Debit CareCredit
 Check

Name of Previous/Current Veterinarian: _____ Phone # _____

How did you hear of our hospital? _____

To help prevent the spread of infectious diseases, hospitalized and boarded (i.e. day boarding and grooming) animals must be current on all Vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed additional pets I present. Furthermore, I agree and understand payment is required at the time of completion of services and treatment. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that checks returned for each non-sufficient funds will be directed to and handled by Check Care.

Signature _____ **Date** _____

Please complete information for all your pets - Thank You!

Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N

List additional Pets: _____