



Welcome to our Office!

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 the spaces.

Owner's Last Name _____ First Name _____ MI _____

Owner's DOB _____ Spouse/Other _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____
If different from above

E-Mail Address _____

Check box if you would like to opt-out of receiving e-mails from us (this will include vaccine reminders).

Home Phone _____ Cell Phone _____ Spouse Phone _____

Check box if you would like to opt-out of receiving text messages from us (this will include appointment reminders).

Employer _____ Employer Phone _____

Cat	Dog	Other	Pet's Name	DOB	Sex	Altered Yes / No	Breed	Color
						Yes / No		
						Yes / No		
						Yes / No		

We offer 10% discounts for senior citizens 65 or older. Are you eligible for this discount? Yes _____ DOB __/__/__

We offer 10% discounts for active/non active military. Are you eligible for this discount? Yes _____ ID _____

How / Why did you select us? _____

If you were referred, who referred you? _____

(We will send them a thank you.)

Do you have pet insurance? Yes _____ No _____ If yes, please provide the following information:

Insurance Company _____ Policy Number _____

Do you have Care Credit? Yes _____ No _____

If no, would you be interested in applying for it or would you like more information on it? Yes _____ No _____

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites.

I understand that payment is due at the time services are rendered

We will gladly prepare a written estimate prior to any treatment. (Please ask our doctor or receptionist.)

For your convenience we accept MasterCard, Visa, Discover, American Express and Care Credit.

Please indicate your method of payment. **Credit Card** **Cash** **Check** **Care Credit**

A valid photo ID is required for credit card transactions.

There will be a \$40.00 service charge for any checks returned unpaid.

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

I give permission to _____ to authorize treatment of my pet in my absence.

* The attending Doctor and Staff will not be on the premises after hours. *