



Welcome!

Thank you for entrusting us with the health care of your pet. We are excited to meet you and look forward to assisting you with your pet's health. Please complete this form so that we can accurately enter this information into our files.

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**Contact Information**

Owner Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Spouse Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Driver's License/State Identification Number: \_\_\_\_\_

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Preferred Method for Contact: Phone Email Text Other _____
How did you hear about us? Drive By Phone Book Website Pet Pages
 Referral (whom may we thank?) _____ Other _____

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**Pet Information - if you have more than 1 pet, please enter their information on the back.**

Name: \_\_\_\_\_ Species (cat or dog): \_\_\_\_\_  
 Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: Female (not spayed)  Female (spayed)  Has your pet been vaccinated? \_\_\_\_\_  
 Male (not neutered)  Male (neutered)  If yes, where? \_\_\_\_\_

We promise to do our very best to care for your pet's health care needs. In return we ask that you accept the responsibility for charges incurred in the treatment of your pet. Payment is due when services are rendered. We will be happy to provide you with an estimate prior to providing services. If at anytime you are not satisfied with our service, please let us know. We would love the opportunity to discuss your concerns.

We happily accept cash, check or credit card (VISA, MasterCard, Discover & Care Credit)

**Client Agreement & Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*More Pets? Please list them on back!*



***Pet Information***

Name: \_\_\_\_\_ Species (cat or dog): \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female (not spayed)  Female (spayed)  Has your pet been vaccinated? \_\_\_\_\_

Male (not neutered)  Male (neutered)  If yes, where? \_\_\_\_\_

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Pet Information

Name: _____ Species (cat or dog): _____

Breed: _____ Date of Birth: _____ Color: _____

Sex: Female (not spayed) Female (spayed) Has your pet been vaccinated? _____

Male (not neutered) Male (neutered) If yes, where? _____

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***Pet Information***

Name: \_\_\_\_\_ Species (cat or dog): \_\_\_\_\_

Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female (not spayed)  Female (spayed)  Has your pet been vaccinated? \_\_\_\_\_

Male (not neutered)  Male (neutered)  If yes, where? \_\_\_\_\_

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Pet Information

Name: _____ Species (cat or dog): _____

Breed: _____ Date of Birth: _____ Color: _____

Sex: Female (not spayed) Female (spayed) Has your pet been vaccinated? _____

Male (not neutered) Male (neutered) If yes, where? _____