

# WELCOME TO OUR PRACTICE !

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 spaces.**

CLIENTS NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER / VOICE MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_ CDL \_\_\_\_\_ SOC. SEC# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE / OTHER EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

At what time( \_\_\_\_\_ ) and at what phone number( \_\_\_\_\_ ) can we talk to you about your pet

Who should we ask for? \_\_\_\_\_ Alternate phone number \_\_\_\_\_

We will gladly prepare a written estimate if you desire(**please ask our doctor OR receptionist**). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover or can establish a payment arrangement if approved in advance of the treatment.* There will be a \$25.00 service charge for any check returned.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. This signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of responsible agent for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

How / Why did you select us? \_\_\_\_\_

Are you interested in BEHAVIOR MANAGEMENT ASSISTANCE? \_\_\_\_\_

### Essential Pet Information

Cat	Dog	Other	Pet's name	DOB	Sex	Description

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