



Your First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Additional Owner/Authorized Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Mobile Landline (circle one)

Other Phone \_\_\_\_\_ Mobile Landline (circle one)

Other Phone \_\_\_\_\_ Mobile Landline (circle one)

Email Address\* \_\_\_\_\_

Your Employer \_\_\_\_\_

May we call you at work if necessary? Y / N If yes, Work Phone \_\_\_\_\_

Additional Owner Employer \_\_\_\_\_

May we call you at work if necessary? Y / N If yes, Work Phone \_\_\_\_\_

How did you hear about us? Please be as specific as possible; search engine, friend's full name, publication, etc.

We'd love to make your pet a star on our social media! We share cute photos with your pet's first name only.

If you wish to **decline** sharing your pet's photos, please initial here \_\_\_\_\_

*\*We respect your privacy. Your email will be used only to contact you regarding your pets. It will not be sold or distributed.*

**All fees are due at the time services are rendered.**

We will gladly prepare a cost estimate prior to treatment; please ask your doctor or receptionist. Methods of payment include:

Cash - Visa - MasterCard - American Express - Discover - Care Credit

As owner or agent for the pet(s) described on the following page, I certify that I have read and agree to the above financial policy, and that I am at least 18 years of age. **I assume financial responsibility for all services rendered**, and I understand that any accounts over 30 days past due will be subject to a monthly interest fee.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDITIONAL OWNER SIGNATURE (if available)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

Tell us about your pet(s)!

Pet's Name \_\_\_\_\_

Dog

Cat

Bird

Other \_\_\_\_\_

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age \_\_\_\_\_

Approximate / Actual (circle one)

Breed \_\_\_\_\_

Color \_\_\_\_\_

Previous Veterinarian:

\_\_\_\_\_

Prior illnesses or surgeries:

\_\_\_\_\_

Any allergies we should know about?

\_\_\_\_\_

Pet's Name \_\_\_\_\_

Dog

Cat

Bird

Other \_\_\_\_\_

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age \_\_\_\_\_

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Dog

Cat

Bird

Other \_\_\_\_\_

Sex:

Male - Neutered? Y N

Female - Spayed? Y N

Birthdate or Age \_\_\_\_\_

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\_\_\_\_\_