



BLACKDOG

VETERINARY SERVICES

Client Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How do you prefer to receive reminders (mail, phone, email, text): _____

How did you hear of our practice? _____

Patient Information

Pet's Name: _____ Dog/Cat/Horse: _____

Breed: _____ Sex: _____ Spayed/Neutered? _____

Date of Birth/Age: _____ Color: _____

Pertinent medical history: _____

Are vaccinations and deworming up to date? _____

Where can we request your pet's records? _____

I hereby authorize the veterinarian to examine, prescribe for or treat the described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that **payment is due at the time of service**. If client account is in default, client understands and agrees that, in addition to the principal amount due, client is also responsible for all costs and fees associated with account collections.

We accept cash, check, and all major credit cards.

Payment plans are not available at this time. If you are in need of a payment plan, please consider applying for Care Credit. We are happy to provide an estimate for all services recommended.

Signature: _____ Date: _____