



Client Information

Name: _____ Spouse/Co-Owner Name: _____

Mailing & Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Phone CELL: _____ HOME: _____ **PREFERRED PHONE: CELL HOME**

Text Messages Approved: YES NO

Email: _____

Co-Owner Phone: _____ Co-Owner Email: _____

How did you hear of our practice? _____

Patient Information

Pet's Name: _____ DOG CAT HORSE

Breed: _____ Sex: _____ SPAYED or NEUTERED

Date of Birth/Age: _____ Color: _____

Pertinent medical history: _____

Are vaccinations and deworming up to date? YES NO UNKNOWN

Any history of vaccine reactions? YES NO

If not already received, where can we request your pet's records? _____

Can we use photos of your pet on our Facebook page, website, other marketing materials? YES NO

Level of communication desired:

LOW (just give me basics) MEDIUM (give me more information) HIGH (tell me everything!)

I hereby authorize the veterinarian to examine, prescribe for, or treat all my pets. I assume responsibility for all charges incurred in the care of these animals. 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, interest is added monthly (18% APR) and 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 currently available. If you need a payment plan, please apply for Care Credit or Scratchpay.

We are happy to provide an estimate for all services recommended.

Signature: _____ Date: _____