

Welcome!

We are pleased to welcome you to our clinic. Please fill out this form as completely as possible. If you have questions we'll be happy to help. All information is strictly confidential.

How did you learn about our clinic? _____

Owner Information

Owner/Caregiver _____ Co-Owner _____

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Home Cell Work

Alternate Phone _____ Home Cell Work

Emergency Contact _____ Emergency Contact Phone _____

Email _____ Driver's License # (For checks) _____

Pet Information

Pet's Name _____ Species: Dog Cat

Gender: Male Female Spayed/Neutered? Yes No Unsure

Breed _____ Color _____

Age _____ Date of Birth _____

Where did you get your pet? _____ At what age? _____

Pet Food _____

Describe Prior Illnesses (If any) _____

Describe Prior Surgeries (If any) _____

Are Vaccinations current? Yes No Unknown

If your pet comfortable being handled by new people? Yes No. What special precautions should we take:

Statement of Ownership

By checking this box you certify that you are the owner and or agent of the above animal and have the authorization to consent to treatment if and when it is needed.

Payment

Written estimates of services recommended will be provided at your request. We accept cash, checks with your driver's license number, Visa, MasterCard, Discover, and CitiHealth. By checking this box you understand that all payment is due at the time services are rendered.

Signature _____ Date _____

Thank you for trusting us with your pet's care! We truly appreciate the opportunity and look forward to working with you in improving your pet's health.