

W e l c o m e



Owner/Agent _____ Address _____
City _____ State _____ Zip _____ Home Phone _____
Work Phone _____ Cell Phone _____
E-Mail Address _____ Occupation _____
Co-Owner _____ Home Phone _____
Work Phone _____ Occupation _____
Your Previous Veterinarian was: Dr. _____
Hospital _____ Address _____
Phone () _____ Fax () _____
Do we have a copy of your pets records? _____

PET NO. 1

Pet's Name _____
Pet's Birth Date _____
Species: Dog Cat Rabbit Ferret
 Other: _____
Breed _____ Color _____
Sex Male Neutered
 Female Spayed
Your Pet's Microchip #: _____
Last Rabies Vaccination: _____
Current Medication: _____
Any Long Term Problems: _____

PET NO. 2

Pet's Name _____
Pet's Birth Date _____
Species: Dog Cat Rabbit Ferret
 Other: _____
Breed _____ Color _____
Sex Male Neutered
 Female Spayed
Your Pet's Microchip #: _____
Last Rabies Vaccination: _____
Current Medication: _____
Any Long Term Problems: _____

How did you hear about us? Whom may we thank for your business?

Drove By YP Phone Book Yellowbook Valley Yellow Pages Internet Rescue Group _____
 Enjoy Magazine
 What Client Can We Thank for Referring you? _____

We will gladly prepare a formal estimate if you desire. Please ask a Patient Care Coordinator should you choose to request one. **FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.** A deposit may be required for surgery or hospitalization upon admittance. A billing charge of 1.5% per month (18% per annum) will be charged on all accounts after the first thirty (30) days. ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS, ETC., WILL HAVE A \$25.00 FEE APPLIED. To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Owner/Agent Signature _____ Date _____
Owner/Agent Printed Name _____