

# ANIMAL CLINIC

**Must be 18 years old to fill out this form**

## OWNER INFORMATION

Owner Name: \_\_\_\_\_ Spouse/SO Name: \_\_\_\_\_

Driver's License# \_\_\_\_\_ State: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Street address (If different) \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: 

	Owner	Spouse/SO
Cell	( ) _____	( ) _____
Home	( ) _____	( ) _____

I prefer you contact me by ☐ calling home ☐ calling work ☐ calling cell ☐ texting cell ☐ e-mail

We are collecting e-mail addresses for our own future use to include vaccination reminders, special hospital events or new product/service announcements. We respect your privacy.

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

How did you first find us? (Circle one)    Referral    Yellow Pages    Sign    Internet    Newspaper

If referred to us by a client, who can we thank for this referral? \_\_\_\_\_

## INFORMED CONSENT

**I certify that I am over 18 years of age and will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET.**

**Failure to show for an appointment without calling 24 hours in advance will result in a \$45.00 charge to your account, needing to be paid before your next appointment.**

**We accept cash, Visa, MasterCard, Discover, CareCredit and debit cards. WE DO NOT ACCEPT CHECKS.**

Owner/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

# PATIENT FORM

(Circle where applicable)

**Pet's Name:** \_\_\_\_\_ **Sex?** Male Female **Neutered?** Y N Don't Know  
**Species?** Dog Cat Rabbit Ferret Rat Guinea Pig Other **Breed:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Microchip?** Y N Unsure  
Do you have pet insurance? Yes No If yes, what company? \_\_\_\_\_  
Previous Veterinary Care By: \_\_\_\_\_  
Please tell us the reason for your visit: \_\_\_\_\_  
Do you give your pet a daily multivitamin? Yes No If yes, which one? \_\_\_\_\_  
Is there any other medical history or problems with your pet that we should know about?  
(For example muzzle for toe nail trims, diabetic, has arthritis, can't see/hear)

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**Species?** Dog Cat Rabbit Ferret Rat Guinea Pig Other **Breed:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Microchip?** Y N Unsure  
Do you have pet insurance? Yes No If yes, what company? \_\_\_\_\_  
Previous Veterinary Care By: \_\_\_\_\_  
Please tell us the reason for your visit: \_\_\_\_\_  
Do you give your pet a daily multivitamin? Yes No If yes, which one? \_\_\_\_\_  
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