

**LET'S GET ACQUAINTED! Owner information**

Owner's Name \_\_\_\_\_ Primary phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Cell

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Are you 65 or older? **Y / N**

E-mail address \_\_\_\_\_ Would you like e-mail reminders? **Y / N**

Please list below the names of any other people, and their relationship to you, that you give permission to authorize treatment and make medical decisions for your pet(s). In some circumstances this could include euthanasia.

1) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If something should happen to you and you could no longer care for your pets, who may we contact to provide care for them?

\_\_\_\_\_

Owner's Employer \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Employer's Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_ Occupation \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**Pet History**

Pet Name \_\_\_\_\_ Species **Canine / Feline** Sex **M / F** Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spayed / Neutered? **Y / N** Breed \_\_\_\_\_ Color & Markings \_\_\_\_\_

**CATS:** Date of last Distemper Vaccine \_\_\_\_ / \_\_\_\_ Leukemia \_\_\_\_ / \_\_\_\_ Rabies \_\_\_\_ / \_\_\_\_

**DOGS:** Date of last Distemper Parvo Vaccine \_\_\_\_ / \_\_\_\_ Rabies \_\_\_\_ / \_\_\_\_ Bordetella \_\_\_\_ / \_\_\_\_

What prior illness, surgery or allergies should we know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION** How do you prefer to pay today?

**Cash**

**Check**

**Visa/Mastercard**

Our request for payment at the time services are rendered is no reflection of your credit status. This policy enables us to operate more efficiently, reducing the cost of treatment. A finance charge will be applied to accounts unpaid after 30 days. This charge will be computed by a periodic rate of 1% per month, an annual percentage rate of 12%. Minimum charge is \$1.00 per month. A billing charge of \$1.75 will be charged to each statement cycle to help defray billing costs. Any collection or legal fees required to collect unpaid accounts will be the responsibility of the client and added to the fees owed.

Signature below authorizes treatment on the pet(s) described above and is a guarantee of payment for all charges.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_