

WE'RE GLAD TO MEET YOU !!!

DATE: _____

HOW DID YOU HEAR ABOUT US? YELLOW PAGES INTERNET SIGNAGE
 ADVERTISEMENT OTHER (please specify) _____

IF YOU WERE REFERRED BY ONE OF OUR PRESENT CLIENTS, WHAT IS THEIR NAME?

YOUR NAME: _____

YOUR ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMPLOYED BY: _____

YOUR PET'S NAME IS: _____

YOUR PET IS A (DOG, CAT, ETC.): _____

YOUR PET'S BREED IS: _____

YOUR PET'S HAIR IS: LONG? _____ SHORT? _____ COLOR? _____

YOUR PET'S DATE OF BIRTH IS: _____

IS YOUR PET A MALE OR FEMALE? M _____ F _____

IS YOUR PET NEUTERED OR SPAYED? YES _____ NO _____

STATE LAW REQUIRES US TO HAVE A COPY OF YOUR PET'S RABIES CERTIFICATE. WE WILL BE HAPPY TO MAKE A COPY OF YOUR CERTIFICATE.

WHO WAS YOUR PREVIOUS VETERINARIAN? _____

DOES YOUR PET HAVE ANY PREVIOUS MEDICAL HISTORY ABOUT WHICH WE SHOULD KNOW?

FOR YOUR CONVENIENCE, WE OFFER THE FOLLOWING METHODS OF PAYMENT. PLEASE CHECK THE OPTION WHICH YOU WILL BE USING TODAY. PAYMENT IS DUE IN FULL AT EACH APPOINTMENT.

CASH _____ **PERSONAL CHECK** _____ **CREDIT CARD:** _____ VISA _____ MC _____ DISCOVER _____ AMEX _____

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.

CLIENTS SIGNATURE: _____ DATE: _____