



WELCOME!

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.



CLIENT INFORMATION

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email address _____

Place of Employment _____ Phone _____

Driver's License # _____ Social Security # _____
(State) (Number)

Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

Place of Employment _____ Phone _____

How did you become aware of our clinic? Drive by - Yellow Pages - Previous Client - Internet

Personal Recommendation (*Whom may we thank?*) _____

Payment for services and products received is required, in full, upon the conclusion of your visit. We will give you an estimate, if there are any changes in that estimate, we will inform you before proceeding.

If your visit requires surgery, is hospitalized, or a drop-off, an estimate will be provided before your pet is checked in and, *at least*, a 50% deposit is required at that time. We will contact you if there are any additional charges, for your approval. (*you are welcome to pay for the entire estimate when dropping off if preferred*).

Our staff can answer your questions if you have any concerns.

We appreciate your patronage and trust in the care of your pet.

Thank you,

Please sign / date, and check your form of payment for today's visit (below):

X _____ / Date: _____

Signature

Cash Check Visa Master Card Discover AmEx Care Credit Debit

For yours and our safety, and the safety of other pets, all pets must be current on their Rabies vaccination, unless age, health or medical condition prevents otherwise. To prevent the spread of infectious disease in our boarding and grooming, all pets are required to be current on the following: (Dogs) Rabies, DHPP, Bordatella (kennel cough) – (Cats) Rabies & CVR: and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed. If fleas are present, a Capstar will be given to rid your pet of fleas before being introduced into the boarding/grooming environment.

Signature _____ Date _____

What is your preferred method of receiving: *Vaccination reminders & Appointment reminders?*

- Phone call (automated)
- Email
- Text message

Even though this is your preferred way to receive communications with us, you may still receive one of the other forms if we cannot reach you on the preferred line. You will have the option to opt out of any unwanted communications.



Patient/Pet information (#1)

Pets name: _____ Species _____ *Breed: _____
 Color: _____ Age: _____ (or Birthday) Sex: _____
Spayed / neutered
 Medical Conditions/Concerns: _____

Vaccination history: _____
If vaccination record was brought in or faxed/mailed in, please state above



Patient/Pet information (#2)

Pets name: _____ Species _____ *Breed: _____
 Color: _____ Age: _____ (or Birthday) Sex: _____
Spayed / neutered
 Medical Conditions/Concerns: _____

Vaccination history: _____
If vaccination record was brought in or faxed/mailed in, please state above

Additional comments:

