

Welcome to Dorr Vet Clinic!

Date _____

Client Information

Your Name _____
First Last

Spouse or Significant Other _____ Their Cell or Work Phone _____ - _____ - _____

Your Driver License # _____ Your Birthdate ____ / ____ / ____
(only necessary if writing checks)

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ - _____ - _____ Your Cell Phone _____ - _____ - _____ Work (or other) Phone _____ - _____ - _____

Employer _____ Occupation _____ Email Address _____

Emergency contact other than anyone previously listed _____
Name and Number

How did you hear about us?

_____ Phone Book - _____ Ameritech or _____ Yellowbook _____ Welcome Wagon
_____ yellowpages.com _____ yellowbook.com _____ dorrvetclinic.com
_____ sign in front _____ Friend or Relative - Who? _____
_____ Referring Veterinarian _____ *person named will receive a \$10 credit on account!*

Pet Information

<p>Pet's Name _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____</p> <p>Birthdate ____ / ____ / ____ Age _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Neutered/Spayed <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Breed _____ Color _____</p>	<p>Pet's Name _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____</p> <p>Birthdate ____ / ____ / ____ Age _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Neutered/Spayed <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Breed _____ Color _____</p>
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Please add other pets to reverse side

We will gladly prepare a written estimate if you desire (please ask if we do not offer). ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In case of extreme medical or surgical procedures when payment may be difficult at discharge, we accept major credit cards and CARE CREDIT. We will also establish a payment plan if approved before treatment. There will be a service charge for all checks unpaid and any balance left on account.

To prevent spread of infectious disease, all hospitalized animals, as well as boarding and grooming patients, must be current on vaccinations and free from internal and external parasites. The signature below authorizes preventative care and the appropriate charges will be accessed in the discharge invoice.

In case of emergency and clients cannot be contacted, we will provide whatever care is medically necessary unless instructed otherwise.

Signature of Client Responsible for Pet(s) _____