

# Welcome!



## PLEASE TELL US ABOUT YOURSELF

Your Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Spouse/Other Cell: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Preferred method of communication for reminders: postal mail / e-mail  
 Name and Phone of Emergency Contact: \_\_\_\_\_

### Please tell us how you heard about us (circle all that applies)

Live/Drive Nearby - Direct mail - Flyer Displayed Somewhere - Newspaper - Radio - Internet Search: Google/Bing/ Yahoo

If you were referred by a friend, please let us know so we can thank them!

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Receive a \$20 credit on your account for each person you refer to us!



*I understand that payment is due on the day that services are provided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to make payment at the time of service we may choose to hold your pet until we receive payment in full or other arrangements are agreed upon. We also reserve the right to bill you a boarding charge for holding your pet and add an annual percentage rate of 18% to the outstanding balance owed. If payment is not received within 90 days of the service date your outstanding will be sent for collection and a collection service charge of 30% of the balance will be added.

Preferred method of payment:

Cash                      Check                      Credit / Debit: Visa MasterCard Discover

- Driver's license number is needed if paying by check so please have on hand when paying

## PLEASE TELL US ABOUT YOUR PET

**A**    Cat: \_\_\_\_\_                      Dog: \_\_\_\_\_                      Other: \_\_\_\_\_                      Male: \_\_\_\_\_                      Female: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Neutered/Spayed:    Y            N

Birthdate: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Microchipped:            Y            N

Previous Surgery/Injury/Condition: \_\_\_\_\_

Continuous Medication/Special Diet: \_\_\_\_\_

Anything else you would like us to know?: \_\_\_\_\_

More pets? Continue on the other side...



		Office use		
IC	S	WC	C	TYC
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Initial: _____	Initial: _____	Initial: _____	Initial: _____	Initial: _____

**B** Cat: \_\_\_\_ Dog: \_\_\_\_ Other: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Neutered/Spayed: Y N  
Birthdate: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Microchipped: Y N  
Previous Surgery/Injury/Condition: \_\_\_\_\_  
Continuous Medication/Special Diet: \_\_\_\_\_  
Anything else you would like us to know?: \_\_\_\_\_

**C** Cat: \_\_\_\_ Dog: \_\_\_\_ Other: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Neutered/Spayed: Y N  
Birthdate: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Microchipped: Y N  
Previous Surgery/Injury/Condition: \_\_\_\_\_  
Continuous Medication/Special Diet: \_\_\_\_\_  
Anything else you would like us to know?: \_\_\_\_\_

**D** Cat: \_\_\_\_ Dog: \_\_\_\_ Other: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_  
Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Neutered/Spayed: Y N  
Birthdate: \_\_\_\_\_ Coat Color: \_\_\_\_\_ Microchipped: Y N  
Previous Surgery/Injury/Condition: \_\_\_\_\_  
Continuous Medication/Special Diet: \_\_\_\_\_  
Anything else you would like us to know?: \_\_\_\_\_

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Office use  
IC  
Date: \_\_\_\_\_  
Initial: \_\_\_\_\_