

WELCOME!

We are pleased you have chosen us to care for your pet. Please take a moment to answer the following questions so that we may better serve you and your pet. Thank you!

FIRST/LAST NAME _____ SPOUSE/OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP COCE _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ WORK # _____

SPOUSE EMPLOYER _____ WORK # _____

DRIVER'S LICENSE # _____ DOB _____

IF REFERRED, BY WHOM? _____

We will gladly prepare a written estimate if you desire (please ask the doctor or receptionist). This will be important to you since ***FULL PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.*** In case of extensive medical or surgical procedures, when full payment may be difficult to make, we take MASTERCARD or VISA.

There will be a \$20.00 service charge for any check returned unpaid.

Signature of Responsible Owner of Pet(s) _____ Date _____