



Welcome

About You:

Today's Date _____

(1) CLIENT INFORMATION:

First Name _____ **Last Name** _____

Mailing Address _____

City/State/Zip _____

Physical Address _____

Phone Number _____ **Work Number** _____

His Cell _____ **Her Cell** _____

Driver's License # _____ **Date of Birth** _____

Email Address: _____

What name do you prefer to be called: _____

May we have your permission to use a photo of your pet on our website or social media website?

Yes ___ No ___

(2) PATIENT #1 INFORMATION:

Name _____ **Breed** _____ **Color** _____

Age/DOB _____ **Sex** _____ **Spayed/Neutered?** _____

REASON FOR TODAY'S VISIT:

PATIENT #2 INFORMATION:

Name _____ **Breed** _____ **Color** _____

Age/DOB _____ **Sex** _____ **Spayed/Neutered?** _____

REASON FOR TODAY'S VISIT:

MAY WE ASK WHO REFERRED YOU TO US TODAY:

PAYMENT DUE AT TIME OF SERVICE

(3) Method of Payment:

Cash ___ Check ___ **Credit Cards Accepted:** Visa ___ MasterCard ___ Discover ___

CareCredit ___ **Please Initial** _____

We accept Cash, Visa, Mastercard, Discover, Local Checks, Travelers Checks, Money Orders, and Care Credit. Payment with credit cards and check will require a picture ID. I have read and understand the following terms.

SIGNATURE _____