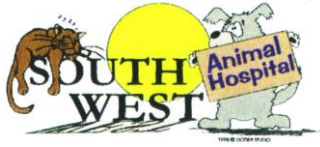


Welcome To



Personal Information

Owner's Name _____
(Last) (First) (Initial)

Spouse/Co-Owner _____
(Last) (First) (Initial)

Date of birth _____ Spouse/Co-Owner Date of Birth _____

Address _____

City/St./Zip _____

Phone: Home _____ Cell _____ Email _____

Relative/Friend _____ Phone _____
(If we are unable to reach you in case of an emergency)

How did you learn about our practice? Name of Family/Friend _____

Internet/Website Phonebook _____ Other: _____

Patient Information

Pet's Name: _____ Age/Birth date: _____

Sex: Female/Spayed Male/Neutered Breed: _____ Color: _____

List any chronic health problems? _____

Is your pet on any current medications/special diets? _____

Any known drug allergies? _____

What type of Heartworm Preventative are you using? _____

What type of flea and tick Preventative are you using? _____

What type of pet food are you feeding? _____ What kind of Treats? _____

Name of Previous Veterinarian/Vet Hospital: _____

Payment Information Circle Form of Payment desired.

****PAYMENT IS EXPECTED AT THE TIME OF SERVICES RENDERED****

Cash	Care Credit	Debit	MasterCard	Visa	Discover
Sorry, we do not accept checks					

Please let us know prior to your visit if an **estimate** was given. The end cost may actually be lower or possibly higher depending upon each individual circumstances.

To prevent the spread of infectious diseases all hospitalized patients must be current on required vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

I acknowledge that all payments are due at the end of every service. I agree to pay the entire balance for all services rendered at time of discharge.

You will receive an invitation after your first visit, via email, to download the **PetDesk** app. This app is free and is how we communicate for pet records, appointment reminders and request, text messages ect. You may opt out of PetDesk but we highly recommend using this app to get the most out of your vet experience ☺

Name: _____ Date: _____