

Client # _____



Welcome

Client Information: (Please print)

FIRST NAME _____ M.I. _____ LAST NAME _____
 HOME PHONE _____ CELL/MESSAGE PHONE _____
 STREET ADDRESS _____ CITY _____ ZIP _____
 MAILING ADDRESS _____ CITY _____ ZIP _____
 E-MAIL ADDRESS _____ (This is how you will receive reminders)
 EMPLOYER _____ WORK PHONE _____
 SPOUSE/OTHER _____ M.I. _____ LAST NAME _____
 EMPLOYER _____ WORK PHONE _____
**SSN & DL# are required for all non cash payments*

Pet/Patient Information:

Please provide our receptionist dates of the last vaccinations given to your pet(s) listed below, and a contact number of a previous veterinarian, owner or breeder _____

Dog	Cat	Other	Pet's Name	Age/DOB	SPECIES/BREED	SEX/N/S	Description/Colors

To prevent the spread of infectious diseases, all boarded and hospitalized patients need to be current on vaccines And free from internal and external parasites.

PLEASE LIST ANY EXISTING MEDICAL CONDITIONS OF YOUR PET _____

DOES YOUR PET (S) TRAVEL (OR HAVE TRAVELED) OUT OF THE AREA? _____ WHERE? _____

RELATIVE TO CONTACT IN CASE OF AN EMERGENCY: _____

CHILDREN & VISITOR NAMES _____

PLEASE LIST ANYONE ELSE WHO IS ALLOWED TO SEEK MEDICAL ATTENTION FOR YOUR PET (S), AND FOR WHOM YOU WILL ACCEPT FINANCIAL RESPONSIBILITY: _____

How did you hear about us? WEB SITE _____ PHONE BOOK _____ RADIO _____ TV _____ NEWSPAPER _____
 OREGON TRAIL _____ PETCO _____ OTHER _____

FRIENDS (IF FRIEND, WHOM MAY WE THANK?) _____

PAYMENT IS REQUIRED AT TIME OF SERVICES

HOW WILL YOU PAY TODAY? CASH _____ CHECK _____ VISA/MC _____ CARE CREDIT _____

(CONTINUED ON REVERSE)