

CLIENT INFORMATION: Please Print

First Name: _____ Last Name: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell# _____ Text Y / N Home# _____

Do we have permission to use your and or your pets' picture? Yes or No

We use the following methods for communication, phone, email, and text message. If you would prefer not to be contacted a certain way, please let us know so we can make a note in your account.

If you are here for our services, and we are NOT your pet's regular veterinarian, please list your regular veterinarian here:

Please list your pet information so our records are accurate.

Pet's Name	Age or DOB	Cat /Dog	Breed	Color	Male or Female	Spayed or neutered

For your convenience, our payments terms are outlined as follows: Please note that payment is due when services are rendered, and a 75% deposit is required for all hospital admissions. For your convenience, we accept cash, MasterCard, Visa, Discover, American Express, or Care Credit. Personal checks require pre-authorization and are not automatically accepted. Please note that we do not offer payment plans.

We are always happy to provide an estimate for services prior to initiating care. Please notify our staff if you would like to receive an estimate prior to treating your pet. By signing below, I affirm that I am at least eighteen years of age, and I understand the payment terms above.

Signature: _____

Date: _____

For Office Use Only:

Information updated/Verified by: _____