

"Patient Care through Exceptional Client Service"

Welcome! Our caring professionals look forward to treating your pet and to providing you with the service and attention you want. We are pleased to welcome you to our practice. So that we may better serve you - please take a few minutes to fill out this form as completely as you can. If you have any questions we are glad to help you. Thank you for involving us with your pets' healthcare needs.

| Home phone #: | Your Information: | | | | |
|---|--|---|--|---|--|
| Address: Street address City State Zipcode Home phone #: | | | | | |
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| Occupation: | | | | • | |
| Spouse/co-owner name: Business Phone #: | | | | | |
| Please list anyone, including yourself that can make medical and financial care decisions for your pets when treated this hospital: How did you first hear of us? We greatly appreciate the referral of friends and family; please tell us we can thank for your visit today? please circle one of the following: Yellow pages, Location, Sign, Hospital Brochure, Internet, Other: | | | | | |
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| we can thank for your visit today? | | ourself that can make medica | al and financial care decision | ns for your pets when treated by | |
| Name: Dog or Cat? Breed: Colors/Description: Age/Date of Birth: Male or Female? Is he/she Neutered? Microchip/Tattoo? Reason for visit today? Please describe any other pets or animals living in your household? Your Pets' History please check one: No previous medical history/First visit to any veterinarian I brought my pets' records today! (The receptionist will make a photocopy for the doctor) I forgot to bring my pets' records today, but they are available at (Hospital or Doctor Name) Payment: All fees are due at the time of service We will gladly prepare a written treatment plan with service fees prior to treatment; when requested. In cases of extendical or surgical procedures, where full payment may be difficult, we accept all major credit cards and CareCard. submitting an application and approval, CareCard provides a convenient payment plan option - please ask for more information prior to treatment. There is a service charge for any check returned from the bank and when using the CareCard payment option an administration fee is applied. Preferred method of payment: Ocash, Ocheck, Ocredit Card, OcareCard Your signature authorizes care and associated charges to be provided by this hospital for your pets. | | | | | |
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| Date: Signature: (must be over the age of | Your signature author | izes care and associated c | harges to be provided by | this hospital for your pets. | |
| (act be ever the age e | Date: Signatu | ıre: | | (must be over the age of 18) | |

] EMR UPDATED; [

] RMDRS;

] AUTHENTICATED

FOR HOSPITAL USE: [