

## Client Information

Name \_\_\_\_\_  
Last Name First Name Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

Drivers Lic# \_\_\_\_\_ How did you learn about our practice? \_\_\_\_\_

## Spouse/Co-Owner

Name \_\_\_\_\_  
Last Name First Name Initial

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Drivers Lic# \_\_\_\_\_

Employer Name and Address \_\_\_\_\_

## Pet Information

		<u>Canine</u>		<u>Feline</u>	
Name _____	Breed _____	Rabies _____	Rabies _____		
Birth date _____	Color _____	DAPP _____	FvRCP _____		
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Lyme _____	Felv _____		
Other _____	Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Bordetella _____	Felv/FIV Screen _____		
Chip# _____	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both <input type="checkbox"/>	Influenza _____	Fecal _____		
		Heartworm Test _____			
	Patient# _____	Fecal _____			

  

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		Heartworm Test _____			
	Patient# _____	Fecal _____			

## Payment

Payment is to be made by cash, local check, or credit card at the time services are rendered. All returned checks will be subject to a returned check fee. Any open account will be subject to a billing fee each month. All measures will be taken to recover professional and office fees. The client will be responsible for all expenses and fees incurred to collect due fees, including but not limited to collection agency, lawyer, and court costs. \$25.00 No Show fee will be applied to my account for any missed appointments. By signing below, I agree to the above terms.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_  
We accept: Cash Check Visa Mastercard Discover American Express