
First Name Middle Initial Last Name

Street of Box # City State Zip

E-Mail Address Residence Phone Cell Phone

Your Employment Phone#

Spouse's Name Spouse's Employment and Phone #

Person to Notify in Emergency (Relative or Friend) Phone #

Pet's Name Male/Female Spayed/Neutered
(Circle One) (Circle One)

Dog, Cat, Ferret, Bird, Other Breed
(Circle One)

Color Date of Birth/Age

Please Indicate the Last Date of the Following:

- a) Canine Dist./Parvo Vaccine..... _____
- b) Feline Combination Vaccine.... _____
- c) Rabies(Canine/Feline) Vaccine.. _____
- d) Intestinal Parasite(Worm) Check _____
- e) Feline Leukemia Vaccine..... _____
- f) Heartworm Check..... _____
- g) Last Annual Exam..... _____

Doctor/Clinic That Administered Last Vaccines _____

Is Your Pet Allergic to Any Medication? _____

List Any Previously Diagnosed Illnesses or Injuries _____

Reason for Today's Visit _____

I Expect to Pay Today By: (Circle One)

Cash Check MasterCard Visa Discover

I certify that I own and assume financial responsibility for the animal described above. I agree to pay total charges at the end of each visit. In an emergency situation or when hospitalization is needed, a deposit will be required for treatment. The remaining balance is to be paid when pet is released from the hospital.

Signature of Owner _____ Date _____

ALL CHARGES MUST BE PAID IN FULL AT THE TIME OF SERVICE-NO EXCEPTIONS