

CLIENT INFORMATION AND HISTORY

Pet's Name

Species

Age

Sex

Spayed/Neuter

Client Name

Street Address

City

State

Zip

Primary Phone #

Secondary Phone #

E-mail

Full Time Resident

Spouse/Alternate
Caretaker

Phone #

How did you hear
about us?

Do you have pet insurance?

Describe your pet's cage and environment (toys, dishes, substrate, heat, etc.)

Describe your pet's diet

Any bathing / soaking / misting? Describe

When did your pet last see a veterinarian and which veterinarian did you see?

Does your pet have any previous health problems?

What symptoms initiated your visit today?

PAYMENT POLICIES

Professional fees are due at the time services are rendered. We ACCEPT - Visa, MasterCard, Discover, Cash & Debit Cards. A deposit is required when an animal is admitted for medical and surgical services. This is 100% of the initial estimate. Any additional payment is due when your pet is discharged from the hospital. I understand that I will be responsible for any collection fees incurred if my account balance is forwarded to collections.

Signature _____

Date