

NEW PATIENT INFORMATION

FIRST NAME:	_____	LAST NAME:	_____		
STREET ADDRESS:	_____	APT#	_____		
CITY:	_____	STATE:	_____	ZIP CODE:	_____
EMAIL:	_____				
PRIMARY PHONE (This needs to be a cell number):	_____				
ALTERNATE PHONE:	_____	ALTERNATE PHONE:	_____		
	work / home / partner		work / home / partner		
Who may we thank for referring you?	_____				
	Friend	Neighbor	Google	Location	Other Vet

PET'S NAME:	_____	SEX:	Male	Female				
IS YOUR PET SPAYED OR NEUTERED?:	YES	NO						
SPECIES:	Canine	Feline	Rabbit	Bird	Reptile	Rodent	Other:	_____
BREED:	_____	(If a cat, short or long haired?)	COLOR:	_____				
DATE OF BIRTH:	_____	If unknown, how long have you had your pet?	_____					
IS YOUR PET MICROCHIPPED?:	YES	NO	IF YES, MICROCHIP #	_____				
VACCINATION HISTORY:	If vaccination history is unknown, please check this box: <input type="checkbox"/>							
If you have your pet's medical records with you, please give them to a receptionist to photocopy. If you do not have records but know the name and/or phone number of your previous veterinarian we can contact them.								
PREVIOUS VETERINARIAN:	_____							

We accept the following methods of payment: Cash, Visa, Mastercard, Discover, American Express, CareCredit and ScratchPay. We do not bill and payment is due at the time services are rendered. We can provide you with an estimate for any recommended services. Because it is an estimate, the final cost may vary by as much as 20 percent. Every reasonable effort will be made to inform you prior to changing treatment to alert you of any cost increase. In the event we cannot contact you, our veterinarians will treat your pet as needed to insure his or her well-being and comfort. If your pet should need hospitalization for surgery or treatment, we will require a deposit of the estimated final cost. We know you have many choices in veterinary hospitals and appreciate the opportunity to assist you in keeping your pets happy and healthy. Thank you.

By signing below you acknowledge you are 18 years of age or older, have read and understand the above payment policy and agree to pay any remaining charges for any of your pets presented for treatment upon their release.

OWNER'S SIGNATURE: _____ DATE: _____

OR

RESPONSIBLE AGENT: _____ DATE: _____

Print and sign your name

Relationship to owner