

NEW PATIENT INFORMATION

OWNER'S NAME: _____ Last First
ADDRESS: _____ Street Apt # City State Zip
TELEPHONE: _____ Is this your home, work or cell number? (circle one) Primary phone number
_____ E-Mail Address Alternate number Alternate number
DRIVER'S LICENSE NUMBER: _____ SOCIAL SECURITY NUMBER: _____ Unfortunately without both of the above, we will only be able to accept cash or credit card for payment.
WHO MAY WE THANK FOR REFERRING YOU? _____ Friend Neighbor Yellow Pages 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: _____ (PLEASE CIRCLE ONE)	
BREED: _____ If cat; short haired <input type="checkbox"/> long-haired <input type="checkbox"/>	DATE OF BIRTH _____ COLOR _____
IF BIRTHDATE UNKNOWN, HOW LONG HAVE YOU OWNED YOUR PET? _____	
HAS YOUR PET BEEN MICROCHIPPED? YES NO IF SO, MICROCHIP # _____	
VACCINATION HISTORY: If vaccination history unknown, check box; <input type="checkbox"/> If you have brought your pets medical records with you, please give them to a receptionist to photocopy. If you did not bring records, but know the name or phone number of your previous veterinarian we can contact to get them, please list that here: _____	

I understand payment is due at the times services are rendered. We accept the following methods of payment: Cash, check, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, & CARE CREDIT. We provide estimates for all services recommended. Estimates may vary 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. I have read and understand the above payment policy and agree to pay any remaining charges for any of my pets presented for treatment upon release. We know you have many choices in veterinary hospitals and appreciate the opportunity to assist you in keeping your pet happy and healthy. Thank you.

Owners Signature

Date

Responsible Agent

Print and sign name

Relationship to Owner