



This box is reserved for hospital use.

Client # _____ Patient # _____ Double Checked _____ Room _____ Weight _____

Client Information

Have you or this pet been here before? No Yes If Yes, was it under this name? No Yes

First name _____ Last name _____ Spouse name _____
 Mailing address _____ City _____ State _____ Zip _____
 Home phone _____ Work phone _____
 Cell / Additional Phone _____ Drivers License _____ State _____ Date of birth _____ Employer _____
 Email Address _____ Fax Number _____

Patient Information

Canine Feline Other Weeks Months Yrs
 Pet's name _____ Species _____ Age _____
 Breed _____ Color _____ Sex M F Y N
 Neuter/Spayed _____
 Date of birth (if known) _____
 What is the reason for your pet's visit? _____
 Who is your pet's regular veterinarian? _____
 What hospital? _____
 Please list all your pet's current medications. _____

Payment Information

Payment Information: The Initial examination/consultation fee is \$105.00 (\$115.00 on Holidays). Additional fees may apply for emergency consults with non-emergency, board certified specialists. Referral consults with board certified specialists are \$125.00 - \$150.00. Please note; fees for diagnostic procedures & treatment are not included in the exam/consult fee. Your doctor will discuss diagnostic/treatment options at your initial consult.

► Note: All medical fees must be paid at time of service – We no longer accept checks ◀

We accept the following forms of payment. Please indicate how you will pay today by checking one box:

Cash Debit Card / Credit Card (Master Card / Visa / Discover) Care Credit Card (ask for info on this)

Notice to Client: Your Signature verifies that you are the owner or authorized agent for the owner of the pet listed above and that you are the individual responsible for payment of all medical fees.

X _____ / / 2011
 Owner/authorized agent signature Date

**If your account is over 30 days past due an annual interest of 18% will be applied to your account.
 If your account is over 90 days past due it may be turned over to our collection agency
 and an additional fee of \$250 will be applied to the account.**

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Staff _____ Time _____ Date _____ Staff _____ Time _____
 Form given to client Entered in computer