

**Please tell us about yourself:** (Pet's Owner)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Spouse/Alternate Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Please tell us about your pet:**

Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Date of birth / Approximate Age: \_\_\_\_\_

**Previous veterinarian** (to obtain records if needed): \_\_\_\_\_

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**Account Setup:**

**E-mail** (for appointment reminders): \_\_\_\_\_

**How did you hear about our clinic?** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Classification** (proof required): \_\_\_\_\_

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**Are you over the age of 18?**

*I assume responsibility for all charges incurred from the care of my pet(s). All sales are final. I understand these charges MUST be paid at the time services are rendered. We accept Cash, Check, MasterCard, Visa, Discover, American Express, and Care Credit. If your account becomes delinquent for any reason, you will be subject to a collection agency and/or fees of up to 40% of the outstanding balance.*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_