

NAME _____ DATE _____

DRIVER'S LICENSE/ NUMBER _____ **** DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____ EXT. _____

SPOUSE NAME _____ CELL PHONE _____

EMERGENCY CONTACT (OTHER THAN YOURSELF) _____ PHONE _____

PET INFORMATION

PET NAME _____ DOG _____ CAT _____ SEX: M _____ F _____ INTACT _____ SPAYED _____ NEUTERED _____

DATE OF BIRTH/AGE _____ BREED _____ COLOR _____ OTHER INFORMATION _____

Has your pet received any vaccinations from a veterinarian in the past year? Yes _____ No _____

Is your pet currently on a monthly heartworm preventative? Yes _____ No _____ If yes, what kind _____

Is your pet currently receiving any medications? Yes _____ No _____ If yes, what kind _____

Does your pet have any known drug allergies? Yes _____ No _____ If yes, what kind _____

Is your pet on flea/tick preventative? Yes _____ No _____ If yes, what kind _____

Reason(s) for this visit _____

PLEASE READ AND SIGN BELOW

We DO NOT bill or have payment plans. All fees are due and payable upon completion of services

In the case of emergencies or extensive treatments an estimate will be given prior to treatment for owner approval and a deposit will be required.

We accept: Cash, Debit, Amex, Discover, Master Card, & Visa (CARD MUST BE PRESENT WE CAN NOT KEY IN THE NUMBER OR TAKE PAYMENTS VIA EMAIL OR PHONE) We accept Care Credit (Card Holder MUST be present or pay via app) & ScratchPay. We accept tap pay ie Apple pay, Cash App, Venmo.

******IN ORDER FOR US TO DISPENSE ANY MEDICATIONS & TAKE PAYMENTS OTHER THAN CASH WE MUST HAVE A VALID PHOTO ID******

A \$30 fee will be added to returned checks. A 35% finance charge will be added to unpaid balances if an outside collection agency is required.

I have read & agree to the above-mentioned terms. I state that all information provided to be understood & true.

SIGNATURE _____ DATE _____