

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. Please be aware that we are not open 24 hours and may not have personnel on the premises when we are closed. If overnight monitoring is needed for your pet we will recommend the transfer of your pet to a 24 hour facility for overnight care. 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