



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

Pet Guardian's Name _____ Spouse/Other _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Home Phone# _____ Cell Phone # _____ Spouse Cell _____
 E-Mail _____ Employer _____ Work Phone # _____

May we send e-mail reminders and correspondence? yes/no

May we call you at work: yes/no In an emergency: yes/no

May we send text message reminders to your cell phone? yes/no

Drivers Lic. # _____ Spouse Employer _____ Spouse Work Phone # _____

May we call your spouse at work: yes/no In an emergency: yes/no

What has been your past experience with veterinarians, if any? excellent good fair bad NA
 Explain _____

If you have been to another vet with your pet(s), which one was it and may we call for records?

What is your pet's role in the family?

family member ____ family pet ____ outside pet ____ working animal ____ other ____

Who is the primary care taker of the pet? _____ Who is responsible for healthcare decisions? _____

How did you hear about our practice?

sign ____ yellow pages ____ referral ____ who? _____ other _____

Why did you choose our practice? _____

Please list **all** of your pets below

CAT	DOG	Other	PET'S NAME	Age/ DOB	Male or Female	Neuter/Spay	DESCRIPTION (Breed, Color, Long Hair/Short Hair)

PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED. We accept Cash, Check, Visa, Mastercard, Discover, American Express, and/or Care Credit. We will gladly prepare a written Treatment Plan if you desire (please ask a receptionist or nurse). For services estimated to be over \$75.00, we require \$50.00 deposit or 50% of the estimated total (*whichever is greater*) at the time the pet is dropped off. There will be a \$30.00 service charge for any check returned for non-sufficient funds.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

If this box is checked, Pet Vet Hospital and Wellness Center has my permission to use any photo, video and/or radiograph of my pet for advertisement or learning purposes, example: posting on Facebook, Twitter, Instagram etc...

Pet Guardian Signature _____ Date _____