

## Let's Get Acquainted! Owner information

Owner's Name(First & Last) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Active Military Y / N Expires: \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

Please list below the names of any other people, and their relationship to you, that you give permission to authorize treatment and make medical and quality of life decisions for your pet(s).

1.) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

2.) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Who may we thank for referring you?

Client name: \_\_\_\_\_  Greeting Service  Other \_\_\_\_\_

## **Pet Information**

Patient/Pet Name \_\_\_\_\_ Species: Canine/Feline Other \_\_\_\_\_

Sex \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_ (Circle One) or NO

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Birthdate/Age \_\_\_\_\_

Cats: Date of last FVRCP vaccine \_\_\_/\_\_\_/\_\_\_ FELV \_\_\_/\_\_\_/\_\_\_ FIV \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_

Dogs: Date of last DHLPP \_\_\_/\_\_\_/\_\_\_ Bordetella \_\_\_/\_\_\_/\_\_\_ Rabies \_\_\_/\_\_\_/\_\_\_ H/W test \_\_\_/\_\_\_/\_\_\_

Previous Veterinarian \_\_\_\_\_

What prior illness, surgery or allergies, medications should we know about?

**Payment is due at time of service. Placing your signature on this form agrees to responsibility of any unpaid balances on your account. Returned checks are subject to a \$30.00 return check fee. Any collection or legal fees required to collect unpaid accounts will be the responsibility of the client and added to the fees owed.**

Owner's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_