WELCOME TO OUR PRACTICE!!

Date:_____

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. ***PLEASE PRINT IN ALL SPACES***.

Client#_____Clinic: AMC - AMCN - CVAC(CircleOne)#_____

Client's Name: _____ Spouse/Other:_____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell#: _____

D/L#: _____ Alternate Emergency #: _____

Employer: _____ Work Phone: _____

Spouse/Other Employer: _____ Work Phone: _____

We will gladly prepare a written estimate if you desire (please ask our doctor or technician). This will be important to you since ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED***. *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, or Care Credit*. There will be a $25.00 service charge for any check returned unpaid.

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

Signature of Responsible Agent for Pet(s): _____ Date: _____

How/Why Did You Select Us? _____DoctorPreference: _____ _____

Personal Recommendation (Whom May We Thank?)_____

E-MAIL ADDRESS:_____

Cat	Dog	Other	Pet's Name	Cat	Dog	Pet's Name