



Owner _____ Co-Owner _____

How did you hear about us? Please select all sources:

___ Friend/Neighbor ___ Yellow Pages ___ Sign ___ Rescue(which) _____

___ City Shelter ___ Humane Society ___ Website ___ Online Research ___ Vehicle ___ Other

Home Address _____
 Street Apt# City Zip

Email Address _____

*Important for contact about special events, Pet Portal, Newsletter

Home Phone(_____) _____ Cell Phone(_____) _____

PATIENT INFO:

Pet's Name: _____ Pet's Name: _____

Breed: _____ Breed: _____

Age/DOB: _____ Age/DOB: _____

Color: _____ Color: _____

Male/Female Neutered/Spayed Male/Female Neutered/Spayed

We strive to make you a part of your pet's health care and understand you would like to be present for treatments. However, some treatments require restraint or special attention and for your safety these treatments must be done back in our hospital area. All fees must be paid at the time services are rendered. **WE DO NOT HAVE PAYMENT PLANS.** Deposits are **REQUIRED** for all hospitalized pets. I understand that any collection or legal fees incurred will be paid by me and all accounts over 30 days will be charged 18% interest.

Party responsible for authorizing and Paying for services,
 Please sign below

Accepting Cash, Check, Mastercard, Visa, Discover, American Express, and Care Credit

Professional fees are to be paid at the time that services are rendered. We accept Cash, Checks, Mastercard, Visa, Discover, American Express and Care Credit.