



Name: _____ Primary Method of Contact: Home / Work / Cell / Email

Home: _____ Work: _____ Cell: _____

E-Mail: _____

Address: _____

City/State: _____ Zip: _____

Secondary Contact: _____ Contact Number: _____

Patient Name: _____ DOB/Age: _____

Species: _____ Breed: _____ Color: _____

Sex: Male/Female (circle one) Neutered or Spayed: Yes/No (circle one)

Patient Name: _____ DOB/Age: _____

Species: _____ Breed: _____ Color: _____

Sex: Male/Female (circle one) Neutered or Spayed: Yes/No (circle one)

Patient Name: _____ DOB/Age: _____

Species: _____ Breed: _____ Color: _____

Sex: Male/Female (circle one) Neutered or Spayed: Yes/No (circle one)

How did you hear about us? _____

I understand that payment is due at the time that services are rendered. Estimates for procedures will be provided and your request and/or for procedures over \$300. Deposits for surgical/inpatient services are 50% and required at the time of drop off and the balance of the bill is due when the patient(s) is/are discharged.

- I would like to opt-out of any social media posts involving pictures of my pets. _____ (Initials)
- I require verbal/written consent prior to releasing my pet(s) records to other facilities _____ (Initials)

X _____

Date: _____