

WELCOME TO OUR PRACTICE !!

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'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHILDREN & VISITOR NAMES _____

HOME PHONE _____ CELL PHONE _____ OTHER PHONE _____

E-MAIL ADDRESS (We will not share it) _____

EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER EMPLOYER _____ WORK PHONE _____

At what time (_____) and at what phone number (_____) can we call to talk to you about your pet?

Who would we ask for? _____ Alternate Emergency Number _____

Today's Payment Will Be Made By (Please Circle One) Cash Plastic Card Personal Check

If you plan to write a check today, please present your current Iowa Driver's License for photocopy.

We will gladly prepare a written healthcare plan if you desire (please ask). 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 all major credit cards, or can establish a payment arrangement with **Care Credit** if approved in advance of the treatment.*

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 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? _____

Has your pet been to a veterinarian in the last 12 months? _____

Who and where was your last veterinarian? _____

Cat	Dog	Pet's Name	DOB	Sex	Description