



*Thank you for giving us the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:*

Client name: Mr/Mrs/Ms/Dr \_\_\_\_\_

Significant other: Mr/Mrs/Ms/Dr \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work: Mr/Mrs/Ms (\_\_\_\_) \_\_\_\_\_

Cell: Mr/Mrs/Ms (\_\_\_\_) \_\_\_\_\_ Which is your best contact number? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(email address will not be sold or used for any advertising purposes)

**Pet Information:**

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male Female Is your pet spayed or neutered? \_\_\_\_\_

Who is your regular veterinarian? \_\_\_\_\_

Are there any other veterinarians we should update? \_\_\_\_\_

**How did you hear about us?**  my regular vet  my specialist  website  other \_\_\_\_\_

The information given above is correct to the best of my knowledge, and I understand that I am financially responsible for all charges at the time they are rendered. I agree in the event of non-payment to bear the cost of all collection and/or court costs and legal fees should this be required.

We accept checks, Visa, MasterCard, Discover, Care Credit, and Wells Fargo Health Advantage cards. **Sorry, we do not accept American Express.** Due to high operating costs, we are unable to offer direct billing plans. However, you can apply for a Wells Fargo Health Advantage card, which would allow you to make monthly payments. Please ask for a brochure and application if you are interested.

**Signature of Client or Agent** \_\_\_\_\_

**Would you like a tour of our facility? We can do this after your consult. Yes  no thank you**   
**The only time we may be unable to give a tour is if it presents a safety issue.**