



Thank you for trusting us with your pet's health. Please take a moment to tell us about you and your pet.

### CLIENT INFORMATION

Owner's Name \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

SSN \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work # \_\_\_\_\_

Emergency Contact (other than you) \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

### PATIENT INFORMATION

Pet's Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Male Neuter/ Un-neutered (Please Circle One)

Female Spayed/ Un-spayed (Please Circle One)

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of Birth \_\_\_\_\_

Is your pet currently on any medications?

No  Yes- \_\_\_\_\_

Past Vet Clinic(s) where records may be requested?

\_\_\_\_\_

\_\_\_\_\_

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If your account becomes past due, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which incur plus all court costs. In case of suit, you agree the venue shall be in Stearns County, Minnesota.

**We accept: Cash & Check/ Discover/ MasterCard/Visa/Care Credit**

**Signature of Owner or Financially Responsible Party**

(Must be 18 years or older) \_\_\_\_\_

Today's Date: \_\_\_\_\_

