



**OWNER or AUTHORIZED AGENT**

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  (No E-mail) Employer \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Date of birth \_\_\_\_\_  
Other owner or agent \_\_\_\_\_ Relationship with owner \_\_\_\_\_

**CONTACT INFORMATION**

Primary phone \_\_\_\_\_  Cell  Home  Work Secondary phone \_\_\_\_\_  C  H  W  
(can be reached at anytime)  
Primary number for other agent or owner \_\_\_\_\_  
(if unable to contact either the primary or secondary numbers)

**PET INFORMATION**

Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Sex:  Male  Female Spayed or Neutered?  Yes  No  
Color \_\_\_\_\_ Age: \_\_\_\_\_  Years  Months  Weeks Date of birth \_\_\_\_\_

**PRIMARY CARE VETERINARIAN**

Primary Doctor \_\_\_\_\_ Hospital \_\_\_\_\_  
Secondary Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

**PAYMENT INFORMATION**

**All medical fees must be paid in full at the time of service. You will be given an estimate for the cost of medical services based on the doctors initial examination of your pet.**

We accept the following forms of payment, please indicate how you will pay for services today:

Cash  Check (valid drivers license required)  Mastercard or Visa  Care Credit®  
 AMEX  Discover  Vetary

Care Credit® and Vetary are lines of credit through third party finance companies that you can apply for that will cover your medical expenses. Please ask for an application if you are interested.

**AUTHORIZATION**

*I am the owner (or authorized agent for the owner) of this pet and am over 18 years of age. The information given above is correct and I understand that I am responsible for payment as described above. I also authorize the transfer of information from my pet's medical record to my primary care veterinarian.*

Signature of owner or authorized agent \_\_\_\_\_ Date \_\_\_\_\_  
Staff \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM