



**WELCOME TO OUR FAMILY!**

WE ARE SO GLAD YOU ARE HERE!  
Thanks for trusting us to give your 4-legged family member high-quality, compassionate care. Please help us meet your needs better by taking a moment to share some important information as we care for your family member today and in the future.

\*\* NOTE: WE WILL NOT SHARE ANY OF YOUR PERSONAL INFORMATION! \*\*

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL TITLE (MR., MRS., MS., DR., ETC.)

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

CITY STATE ZIP CODE

Home Phone: \_\_\_\_\_ OK to call? Y / N when?  
(AREA CODE) NUMBER

Cell Phone: \_\_\_\_\_ OK to call? Y / N when?  
(AREA CODE) NUMBER

E-mail Address: \_\_\_\_\_  
\*\* WE USE E-MAIL TO SEND REMINDERS WHEN YOUR PET IS DUE FOR HEALTH CARE. NO SPAM!! \*\*

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_  
(STATE) AND NUMBER

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

Work Phone: \_\_\_\_\_ OK to call? Y / N when?  
(AREA CODE) NUMBER

Other Pet Parent: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

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

Work Phone: \_\_\_\_\_ OK to call? Y / N when?  
(AREA CODE) NUMBER

How did you hear about us? \_\_\_\_\_

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. The signature below authorizes this level of preventive care if necessary and the appropriate charges will be assessed in the discharge invoice.

- PAYMENTS ARE DUE AT THE TIME OF SERVICE. SORRY, WE ARE UNABLE TO SEND BILLS.
- WE ACCEPT CASH, CHECK, CREDIT CARD (Visa, MasterCard and Discover) AND CARE CREDIT.
- WE ALSO ACCEPT AN INTEREST FREE PAYMENT PLAN REQUIRING PRE-APPROVAL; ASK IF INTERESTED.

I am the owner or agent of the above described animal, I am at least 18 years of age, and I have the authority to execute this consent.  
\_\_\_\_\_  
RESPONSIBLE PARTY SIGNATURE DATE

PLEASE TURN SHEET OVER, THERE'S JUST A LITTLE MORE...

FOR OFFICE USE ONLY: AVIMARK #: \_\_\_\_\_  
CHECKED BY/DATE: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR ANIMAL FAMILY!**

**Animal Family Members:**

	#1	#2	#3	#4	#5
<b>Name:</b>					
<b>Breed:</b>					
<b>Color:</b>					
<b>Male/Female:</b>					
<b>Spayed or Neutered?</b>					
<b>Birthday:</b>					
<b>Date of Last Vaccinations:</b>					
<b>Name of Veterinary Office Administering Vaccinations:</b>					
<b>Medical or other alerts?</b> (bad back, has bitten in the past, hates ears or feet touched, etc)					