



## Welcome!

### Owner Information

Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (apt #) (city / state) (zip code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Permission to contact: Y or N

How did you first hear about us?

- a. Referral from a friend Who? \_\_\_\_\_ b. Yellow Pages  
c. Advertisement Where? \_\_\_\_\_ d. Internet  
e. Other (please specify) \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Has your pet been spayed/neutered? \_\_\_\_\_

Has your pet been tested for FeLV / FIV ? \_\_\_\_\_ Has your pet been tested for Heartworm Disease? \_\_\_\_\_

Dates of vaccination for: Rabies: \_\_\_/\_\_\_/\_\_\_ **Feline:** FVRCP: \_\_\_/\_\_\_/\_\_\_ FeLV: \_\_\_/\_\_\_/\_\_\_ FIV: \_\_\_/\_\_\_/\_\_\_

**Canine:** DAP: \_\_\_/\_\_\_/\_\_\_ Bordetella: \_\_\_/\_\_\_/\_\_\_

At what hospital was your pet last vaccinated? \_\_\_\_\_

Please describe the reason for today's visit: \_\_\_\_\_

### Financial Policy

The Cat & Dog Clinic requires full payment for services at the time of treatment.  
We accept cash, Visa, MasterCard, Discover, and American Express.

**Please note: WE DO NOT ACCEPT CHECKS.**

Prior to hospitalization and/or boarding, a deposit of 50% is required.

By my signature below, I agree to pay all charges when services are rendered.