



Welcome to Our Clinic!

Thank you for giving us the opportunity to care for your pet. So we can better serve you, please complete the following:

Client Information

First Name: _____ Last Name: _____

Spouse/Other: _____ Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email: _____

*We respect your privacy, and value your personal information. Your email will only be used for notifications from PetCare Veterinary Clinic

Client Date of Birth: _____ Driver's License/State/Exp: _____

*Required by law for controlled substances

Emergency Contact: _____ Phone: _____

Patient Information

	Name	Breed	Color	Age/DOB	Sex/Spayed/Neutered?	Microchip?
Pet 1					/	Yes / No
Pet 2					/	Yes / No
Pet 3					/	Yes / No
Pet 4					/	Yes / No

Photo Consent: May we use photos of your pet for social media and website? Yes No

Previous Veterinary Hospital: _____

May we call for records? Yes No

We accept: Cash, Care Credit, Visa, Mastercard, Discover, American Express, Debit (We do not accept personal checks as a form of payment)

Financial/Treatment Policy: I consent to the examination of my pet(s) by staff veterinarians at PetCare Veterinary Clinic. I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees before services are rendered. I agree to assume financial responsibility for the balance of all services at the time my pet is discharged.

Signature

Date

