

Welcome to  Pet Station

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Please let us know how you found out about our practice so we can say thank you! _____

| Owner Information: | | | |
|-------------------------------------------------------------------------------------------|---------------------|-----------------|-----------|
| Last name: | First name: | Middle Initial: | |
| Social Security #: | Driver's License #: | e-mail address: | |
| Home Phone #: | Cell Phone#: | Work Phone #: | |
| Home Address: | City: | State: | Zip code: |
| Employer: | | Occupation: | |
| Please circle all of the ways we can contact you: home # cell # work # e-mail | | | |

| Co-owner Information: | | | |
|-------------------------------------------------------------------------------------------|---------------------|------------------------|-----------|
| Last name: | First Name: | Relationship to owner: | |
| Social Security #: | Driver's License #: | e-mail address: | |
| Home Phone #: | Cell Phone#: | Work Phone #: | |
| Home Address: | City: | State: | Zip code: |
| Employer: | | Occupation: | |
| Please circle all of the ways we can contact you: home # cell # work # e-mail | | | |

| Emergency Contact Information: | | |
|--------------------------------|--------------|------------------------|
| Last name: | First Name: | Relationship to owner: |
| Home Phone #: | Cell Phone#: | Work Phone #: |

| Your Pet's Information: | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name: | Species (circle one): Dog Cat Rabbit Guinea Pig Rat Hamster Other |
| Breed: | Sex: female spayed female male neutered male Age/Birthdate: |
| Please list any prior illnesses, surgeries or problems your pet has experienced: | |
| What is the reason for your pet's visit today? | |

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards (Visa, Mastercard, Discover, Care Credit) or can establish a payment arrangement if approved in advance of treatment. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

All checks will be sent to the Federal Check Recovery, you will be financially responsible for all fines and fees incurred. Should your account fall delinquent without balance being paid, collection agencies services may be retained. I understand and agree than any collection related charges incurred or deemed necessary would be added to my account balance.

Signature of client responsible for pet(s) _____ Date _____