



WELCOME

Thank you for giving us the opportunity to care for your four-legged family!
 We'll be happy to answer any questions you have about your pet's health.
 To ensure the best care possible please take time to fill in this form completely.
 Thank you!

Client Information

First Name: _____ Last Name: _____
 Spouse's/Co-owner's Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____ I would like to receive text reminders
 Work Phone #: _____ Driver's License # (for check writing purposes) _____
 *E-Mail Address: _____ @ _____ . _____
 (*Your e-mail address will be used for our clinic use only for reminders, news and updates and will not be shared with anyone!)
 Employer Name: _____ Employer Address: _____
 Emergency Contact Name: _____ Emergency Contact Phone #: _____

How did you learn about our clinic? (Please circle most relevant)
 Drove by/signage Previous client Website (springmeadowvetclinic.com) Yellow Pages
 Referred by a friend or Veterinarian; whom may we thank? _____

Patient Information:

Species (Cat, Dog, etc.)	Pet's Name	Date of Birth (or Age)	Male or Female	Spayed or neutered (Yes or No)	Breed	Color

Do we have your permission to use your pet(s)' photos on our website/social networking site in the future?
 YES, you can use my pet(s)' pictures online. NO, please do not use my pets(s)' pictures online

Authorization & Payment

I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of this animal.

Client/Owner Signature _____ Date _____

For your convenience we accept cash, check, CareCredit, Scratchpay.com, and all major credit cards.

Please **circle** one or more of the following to let us know how you will be paying today:

Cash Check Visa MasterCard Discover AmericanExpress *CareCredit *Scratchpay.com

**Require prior online approval*

