



Thank you for giving us the opportunity to care for your pet. Please take a moment to share some important information we need. **PLEASE PRINT IN ALL SPACES.**

Owner Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip code _____

Owner Cell Phone # _____ Owner Work Phone # _____ County of Residence _____

Spouse/Other Cell # _____ Spouse/Other Work Phone # _____ Home Phone # _____

Emergency Friend & Phone Number _____

I give consent to Pet Health Center to photograph my pet(s) for use on pethealthcenter.net or for other clinic advertisement.(please initial) _____ Yes _____ No

Would you like to receive correspondence and reminders regarding your pet's health via email? YES or NO
If yes, please provide your email address.

Email Address: _____

****Until you have added us to your address book please check your spam folder for emails from our clinic.****

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, and Care Credit.

Signature of Responsible Agent for Pet(s) _____ Date _____

How did you hear about us? _____

Do you have pet insurance? YES or NO Pet Insurance Company _____

Cat	Dog	Other	Pet's Name & Microchip #	DOB	Sex- Spayed or Neutered?	Breed/Color

For Office Use: T/U C/S _____ White Folder _____ Entered by _____ on _____