

# Welcome to our Clinic



Owner's Name: \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Best time to call you regarding your pet's care \_\_\_\_\_ Driver's License # : \_\_\_\_\_

**As a reminder, ALL payments are due at time of service. What is your preferred method of payment today?**

Please circle one: CHECK/CASH      CREDIT CARD      CARE CREDIT

How did you hear about us? **Circle one** Website    Phone Book    Saw Sign    Dog/Cat Shelter    Client Referral

If Referral, Who shall we thank? \_\_\_\_\_

Pet Information	Pet #1	Pet #2
Name		
Breed		
Date of Birth/Age		
Color		
Sex    circle one	Male or Female    Spayed(F)    Neutered (M)	Male or Female    Spayed(F)    Neutered (M)

<p><b><u>Please circle any of the following that are a concern to you in regards to your pet's behavior /health</u></b></p> <p>Bad Breath      Itching/Scratching      House Breaking      Biting</p> <p>Wetting in the House      Chewing/Digging      Problems getting up or laying down</p> <p><b><u>Circle below, if you are interested in either program</u></b></p> <p>Care Credit Financing      Pet Insurance</p>	<p>Current Medications your pet is taking: _____</p> <p>Primary Reason for visit: _____</p> <p>Prior Surgeries: _____</p> <p>Prior Illnesses/or any other history: _____</p>
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**Social Media:**

**I give** my permission \_\_\_\_\_ **or** **I do not** give my permission \_\_\_\_\_ to Complete Care Animal Hospital to post my pet's picture on the internet through either our website [www.completecareanimalhospital.com](http://www.completecareanimalhospital.com) or our Complete Care Animal Hospital Facebook page.

**Authorization:**

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.*

**Signature of responsible party:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_