

Welcome to Family Pet Health Center

Thank you for giving us the opportunity to care for your pet. Please help us to best assist you by providing some important information we will require as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

Owners Name _____

Spouse/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____ (for reminders and health alerts)

Employer _____ Work Phone _____

Drivers License # _____

Additional person(s) authorized to make health care decisions for your pets:

Name _____ Relationship _____ Phone _____

How did you first hear about our clinic? (we like to thank people who refer new patients to us!)

Friend (name) _____ Rescue /Organization (name) _____

Another Veterinarian/Clinic (name) _____ Yellow Pages Internet Saw sign

Been here before Breeder (name) _____

Pet's Name(s)	Breed	Age/DOB	Neutered/Spayed?	Sex	Color

Who is your pet's previous doctor? _____

We like to celebrate our patients with photos on our Facebook page. Do we have your permission to post your pets' photos? (Client info will not be posted) Yes, you may post my pets' photos No, you may not post my pets' photos

We will gladly prepare a written estimate if you desire (please ask your doctor or receptionist). This will be important to you since ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedure, when payment may be difficult at discharge we accept all major credit cards, or we can provide you with an instant credit application with Care Credit or Wellfund. There will be a \$25 service charge for any check return unpaid.

I hereby authorize the veterinarian to examine, prescribe for or treat my pet(s). I assume all responsibility for all charges incurred in the care of my pet(s). In the event of non-payment I understand that I am also responsible for all finance charges, collection and/or attorney fees.

SIGNATURE OF OWNER/AGENT _____ **DATE** _____

(Must be 18 years of age or older)