



Welcome Form

We thank you for the opportunity to provide veterinary care for your pet family members.

Please take a few moments to fill out this form as completely as possible.

First and Last Name: _____

Spouse / Co-Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Spouse / Co-Owner Phone: _____

Email: _____ Spouse / Co-Owner Email: _____

How did you hear about our practice?: _____

Please list the names of any pets you currently have that will be seeing us for veterinary care.

If any changes in ownership of pets occur, please inform the front desk.

Name: _____ Age / DOB: _____ Species / Breed: _____

Color: _____ Sex: Neutered Male / Spayed Female / Intact Male / Intact Female

Name: _____ Age / DOB: _____ Species / Breed: _____

Color: _____ Sex: Neutered Male / Spayed Female / Intact Male / Intact Female

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Color: _____ Sex: Neutered Male / Spayed Female / Intact Male / Intact Female

Name: _____ Age / DOB: _____ Species / Breed: _____

Color: _____ Sex: Neutered Male / Spayed Female / Intact Male / Intact Female

ALL FEES ARE DUE IN FULL AT THE TIME OF SERVICES RENDERED

Financial Policy: Our office accepts Visa, Mastercard, Discover, and CareCredit, along with cash and checks (with current driver's license information on file). Clients with payment concerns are to ask to speak with a client service representative **prior** to examination. Our staff is happy to provide any client with a treatment plan prior to services being rendered. Client will be responsible for 1.5% monthly finance charge and a \$3.00 monthly billing fee on accounts over 30-days and any collection fees on accounts over 90-days. Your signature below indicates your agreement with this policy.

Signature: _____

Date: _____