



Welcome to Animal Clinic & Hospital

Thank you for bringing your pet to Animal Clinic & Hospital!
We are a full-service hospital with six qualified veterinarians.
We've been in business since 1917 and believe in quality, compassionate care for your pets. We treat them as if they are our own.
We strive to give you and your pets the best care available and make every visit as pleasant as possible.

Please tell us about yourself:

Name: _____ Spouse: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (HOME/WORK/CELL?) _____ (HOME/WORK/CELL?) _____

E-Mail Address: _____

Employer/Student: _____ How did you hear about us? _____

How would you like to receive you pet's reminders? Postcard OR E-Mail

Payment is due at time of service.

We accept Cash, Check, Visa, MasterCard, Discover, and CareCredit as forms of payment.

Signature: _____ Date: _____

Please tell us about your pet(s):

Name: _____

Sex: _____ Spayed Neutered Unaltered

Birthdate/Age: _____

Species: Canine Feline Other _____

Breed: _____

Color(s): _____

Is your pet microchipped? Yes No

Has your pet been out of the local area?

No Yes -Where? _____

Temperment: Friendly Fearful Shy
Nervous Unpredictable Aggressive

Medical Alerts: _____

Medications: _____

Diet: _____

Name: _____

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FOR OFFICE USE ONLY: CLIENT ID: _____