



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 1947 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?) _____
Email Address: _____
Employer/Student: _____ How did you hear about us? _____
How would you like to receive your pet's reminders? Postcard OR Email

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? _____

Temperament: Friendly Fearful Shy
Nervous Unpredictable Aggressive

Medical Alerts: _____

Medications: _____

Diet: _____

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FOR OFFICE USE ONLY: CLIENT ID _____