



MAIN STREET

ANIMAL CLINIC

& Grooming Salon

CLIENT INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: HOME: _____ CELL: _____
EMAIL: _____ DRIVERS LICENSE #: _____

HOW DID YOU HEAR ABOUT US?

RADIO INTERNET SIGNS/ADS OTHER: _____
 PERSONAL RECOMMENDATION: _____

PATIENT INFORMATION

	PET 1	PET 2	PET 3
NAME:			
BREED:			
BIRTHDATE:			
SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COLOR:			
SPAYED/NEUTERED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT DIET:			
VACCINES & DATES:			
PREVIOUS SERIOUS ILLNESS OR SURGERIES:			
ALLERGIES TO VACCINATIONS OR MEDICATIONS?			
IS YOUR PET ON ANY MEDICATIONS?			

ANY ADDITIONAL INFORMATION WE MAY NEED TO KNOW ABOUT YOUR PET? _____

PAYMENT INFORMATION

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will prepare a written estimate if you desire. Please ask a member of our healthcare team. For your convenience we take personal checks, debit cards, Visa, MasterCard, Discover, American Express, and CareCredit.

There will be a \$30.00 service charge for any check that is returned.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. By signing below, you authorize this level of preventive care and you agree to pay the appropriate charges assessed in the discharge invoice.

CLIENT SIGNATURE

DATE: _____

CLIENT SIGNATURE: _____

Thank you for your business! 