



Date _____

Name _____ Alternative Name: _____
First Last M.I. First Last M.I.

Mailing Address _____
Street City State Zip

Contact Phone # _____ Can this # be used for text communication? Y N

Alt. Phone # _____ Can this # be used for text communication? Y N

Email Address _____ Can this email be used for communication? Y N

Email and/or cell phone # will be used for appointment and vaccine reminders, as well as in house promotions. We will NOT sell or give your information to a third party company.

Referred By Internet Phonebook Paper Phonebook Drive by Facebook Returning Client
Personal/Prof _____ (so we may thank them)

Previous Vet Clinic _____ May we call for records? Y N

Please list other/ all pets in household so we can get a realistic idea of your pets environment

Pets Name _____
 Breed _____
 Color _____ Markings _____
 Male Female Altered Y N
 Age or Birthdate _____
 Does this pet have a microchip? Y N
 Does this pet have veterinary insurance? Y N
 Other important things to know about this pet:

Pets Name _____
 Breed _____
 Color _____ Markings _____
 Male Female Altered Y N
 Age or Birthdate _____
 Does this pet have a microchip? Y N
 Does this pet have veterinary insurance? Y N
 Other important things to know about this pet:

Pets Name _____
 Breed _____
 Color _____ Markings _____
 Male Female Altered Y N
 Age or Birthdate _____
 Does this pet have a microchip? Y N
 Does this pet have veterinary insurance? Y N
 Other important things to know about this pet:

May we use your pets picture on the internet and/or advertisements in-house? Y N



Please read and sign the reverse side of this form

(Continued form)

Drivers License # _____ State _____ (required if paying by check)

PROFESSIONAL FEES ARE EXPECTED AT TIME OF SERVICES, WE ACCEPT:

CASH - CHECK- VISA/MC - DISCOVER - AMERICAN EXPRESS - CARE CREDIT

FINANCING IS AVAILABLE BY APPLYING FOR CARE CREDIT WITH OUR RECEPTIONIST

I understand I am responsible to pay and agree to pay the financial obligations incurred with my pets' care. I understand I am entitled to an estimate previous to treatments or diagnostics being done to my pet. I understand that authorizing treatment or diagnostics to be done for my pet means that I will incur additional costs to the examination. I agree that **NO verbal** agreements can be made with our clinic veterinarians or staff. If for any reason I become unable to make full payment previous to my pet being released, I will immediately contact Anderson Veterinary Clinic Management.

I declare the above statements are true, correct and complete to the best of my knowledge and belief.

ALTERNATIVE PERSONS AUTHORIZED TO MAKE FINANCIAL AND MEDICAL DECISIONS (Must be over the age of 18)

Name : _____ Relationship: _____

Name : _____ Relationship: _____

Signature of Owner _____

We pride our selves in our commitment to service our clients and patients with honesty, respect and quality care. If you have any concerns with the service or care you or your pet were provided please contact our Practice Manager, Sara Frost.



Anderson Veterinary Clinic

Happy, Healthy, Strong for Life.....