

WELCOME

We are pleased to welcome you to Irvington Pet Clinic. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form as completely as you can. Thank you!

CLIENT INFORMATION

Date: _____

Owner _____

Spouse/Co-Owner _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse/Co-Owner Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

PET HEALTH HISTORY

Name of Pet _____ Dog _____ Cat _____

Breed _____ Color _____ Approx Age _____

Male _____, Neutered? Yes / No Female _____, Spayed? Yes / No
(Please Circle) (Please Circle)

Vaccination History

Date: _____ Practice Name: _____

Pet's Current/Past Health Conditions

Pet's Current Medications (Including Flea and Heartworm Prevention)

Which method of payment will you be using today? Please be aware we do not accept personal checks or Am Ex.

_____ VISA _____ CARE CREDIT _____ CASH

_____ MASTERCARD _____ DISCOVER CARD

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred for the care of this animal. I also understand that full payment of these charges is expected at the time services are rendered. Furthermore, a deposit may be required for surgical and/or hospitalized patients.

Signature of Owner _____ Date _____