



Welcome to our practice!

Client Information

Date: _____ DL #/State: _____/_____
Name (Last Name First): _____
Address: _____ City/State/ZIP: _____
Home Phone:(____)_____ Work:(____)_____ Cell:(____)_____
Spouse/Emergency Contact Name: _____ Phone: (____)_____
Email Address: _____
How did you learn about our practice?: _____

Pet Information

Pet's Name: _____ Dog Cat Other: _____
Sex: M F Neutered/Spayed: Yes No Age: _____ Birthdate: _____
Breed: _____ Color/Markings: _____
Describe your pet's diet: _____
List your pet's current medications: _____

Pet's History (check all that pet has received)

Distemper Feline Leukemia Test FVRCP (Infectious Disease-Cat)
Parvovirus (Dog) Rabies (Dog/Cat) Bordatella (Kennel Cough-Dog)
Dental Prior Illness: _____ Prior Surgery: _____
Other: _____

Do you have prior records?: Yes No

Prior Veterinarian's name & phone #: _____

Financial Policy

Payment in full is due when services are rendered. We accept cash, check, American Express, Discover, CareCredit, MasterCard, and Visa.

Authorization

I hereby authorize the veterinarian of Holly Tree Animal Hospital, P.C. to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Client Signature: _____ Date: _____

C O N F I D E N T I A L