Welcome To Our Practice! **Please fill out *completely*.**

PATIENT'S NAME____TODAY'S DATE ______________

SPECIES (dog/cat/other)______________ BREED______________________________ COLOR ______________________

AGE or DATE of BIRTH_______________________ SEX___________ SPAYED/NEUTERED? Y / N

OWNER NAME: (Dr. Mr. Mrs. Ms.)____

SPOUSE / PARTNER NAME: (Dr. Mr. Mrs. Ms.)____

ADDRESS_____________________________apt#__________CITY____________________STATE______ZIP_________

TELEPHONE (HOME) ____________________________ (CELL/PAGER)_______________________________________

(WORK) ____________________________ (OTHER #s – *specify which and who*)___________________________________

EMAIL ADDRESS ____

EMPLOYER __________________________________ SPOUSE'S EMPLOYER ______________________________

REFERRED BY DR.________________________________OF (Clinic Name)_____________________________________

REGULAR VETERINARIAN if different from above ____

** Unless otherwise requested, a summary letter of our examination findings will be sent to your regular and referring veterinarian(s). **

Check all that apply: □ redness □ squinting □ discharge from eyes □ vision loss □ cataracts □ ulcer □ glaucoma □cloudy eyes □ other________________________ Duration of problem _________________

CURRENT MEDICATIONS ____

OTHER HEALTH CONSIDERATIONS? (other health problems, allergies, etc.) ____________________

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Important! Does your pet need to be muzzled to be examined? (circle one) Yes / No / Not Sure

I certify that I am the owner of the above animal, and/or have the exclusive legal authorization to act on the owner's behalf for the above animal; I hereby give consent to the Doctor(s) and staff to handle, examine, diagnose and treat the above-named animal as they deem appropriate. I give permission for clinical photographs to be taken for educational and other medical purposes. I agree to assume all financial responsibility for any and all charges incurred on behalf of the above animal, including collection fees, interest, and other related fees. **I understand that full payment is due at the time services are rendered.**

Signature ____ Date _____________

PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, personal checks, American Express, Mastercard, Visa, and Discover