WELCOME

Thank you for giving us the opportunity to care for your pet(s). Please complete this form so we can accurately enter this information into our files. To open an account you must be at least 18 years of age and provide a photo ID, such as a driver's license or state I.D.
All information obtained is required for your account and is strictly **CONFIDENTIAL.**

CLIENT INFORMATION   Date_____

Name_____ Date of Birth_____

Address_____City_____State_____Zip_____

Phone(s)_____Cell _____

Driver's License # OR SS#_____E-Mail_____

Place of Employment_____Phone_____

SPOUSE/SIGNIFICANT OTHER INFORMATION

Name_____ Date of Birth_____

Address_____City_____State_____Zip_____

Phone(s)_____Cell _____

Driver's License # OR SS#_____E-Mail_____

Place of Employment_____Phone_____

   All Fees Are Due At the Time Services Are Rendered. For your convenience we accept Cash, Check, Visa, MasterCard, Discover, American Express and Care Credit. All checks must include proper ID and current information including driver's license number and DOB. There is a $20 charge for all returned checks. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, payment arrangement may be established if approved in advance.

Signature_____Date_____

Michael F. Thompson, DVM · Frank R. Lenzenhuber, DVM · William R. Tappmeyer, DVM
James E. Schmittel, DVM · Jill A. Jacobsmeyer, DVM · Nolan Butcher, DVM · Michelle Butcher, DVM

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Color			
Age			
Date of Birth			
Sex			
Neutered or Spayed			
Allergies to medications or Vaccine			
Current Medications			
Diet			

VACCINATION & LAB HISTORY

(Dates Last Given or provide previous records)

DOG:

Rabies			
DA2PPC			
Bordetella			
Influenza			
Lyme			
Heartworm Test			
Heartworm Preventative			

CAT:

Rabies			
Leukemia			
RCP			
FIP			
FIV			
Feline Leukemia Test			
FIV Test			

Are there medical records for you pet(s) at another Veterinary Practice? _____

Name of previous Veterinary Practice _____

Phone number _____

May we request a transfer of records? _____

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