

Welcome to Village Pet Hospital

Owner information:

Last Name: _____ First Name: _____

Spouse/Other name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Primary Phone number: _____

Cell Phone: _____ Would you like to receive text reminders? Circle YES or NO

Spouse/other phone numbers: _____

Place of Employment and contact number:

How did you hear about our clinic? _____

Patient Information:

Pet Information #1- Name: _____ Circle: DOG or CAT or OTHER _____

Breed: _____ Color: _____

Sex: Male or Female Spayed (female): YES or NO Neutered (male): YES or NO

Date of Birth (estimate is fine): _____

MEDICAL HISTORY:

Previous clinic name: _____

Known health problems: _____

Prescriptions given regularly: _____

Pet Information #2- Name: _____ Circle: DOG or CAT or OTHER _____

Breed: _____ Color: _____

Sex: Male or Female Spayed (female): YES or NO Neutered (male): YES or NO

Date of Birth (estimate is fine): _____

MEDICAL HISTORY:

Previous clinic name: _____

Known health problems: _____

Prescriptions given regularly: _____

Pet Information #3- Name: _____ Circle: DOG or CAT or OTHER _____

Breed: _____ Color: _____

Sex: Male or Female Spayed (female): YES or NO Neutered (male): YES or NO

Date of Birth (estimate is fine): _____

MEDICAL HISTORY:

Previous clinic name: _____

Known health problems: _____

Prescriptions given regularly: _____

WE REQUIRE FULL PAYMENT AT TIME OF SERVICE. We no longer allow partial payment or payment plans. We offer several payment options: Visa, Mastercard, Discover, American Express, Care Credit, and Scratch Pay. **There is 3.99% service charge for all card transactions.** We **DO** accept CASH and CHECKS, which will **NOT** have a service charge. PLEASE SIGN BELOW TO SIGNIFY YOUR ACCEPTANCE AND UNDERSTANDING OF OUR PAYMENT POLICY. Thank you!

Signature: _____ Date: _____