



Client Information:

Date: _____

Last Name _____ First _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Primary #: _____ Name: _____ Home Cell Work

Secondary #: _____ Name: _____ Home Cell Work

** EMAIL _____

****(For sending reminders, notes, and enrollment for E-Pet Health to check vaccination status, request appointments or update information)**

How did you hear about us? Friend/Family/Coworker Sign Website Facebook

If you were referred to us by an existing client, please let us know who they are so we can thank them:

Pet Information:

Pet's Name _____ AGE/DOB _____

Species _____ Sex ____ Neutered/Spayed Breed _____ Color _____

Microchip #: _____

Medical History _____

Pet's Name _____ AGE/DOB _____

Species _____ Sex ____ Neutered/Spayed Breed _____ Color _____

Microchip #: _____

Medical History _____

Policy Information

Please Initial & Sign below indicating you have read and understand our policies.

_____ **Payments:** All Payments are due at the time of services rendered: Estimates will be provided upon request. A deposit of 50% of the total estimate is required for all hospitalized and/or dropped off patients with the remainder due at discharge. We accept all major credit cards. We do not accept checks at this time. Care Credit may be used for non-wellness appointments with approval.

_____ **Leashes & Carriers:** Your pet or another pet may be a little nervous while here and can possibly have unexpected reactions. For the safety of your pet, other pets, and all humans, we require all pets to be secured by a **non-retractable** leash or carrier. We will kindly loan a leash if needed for your canine companion. You may also purchase a cardboard carrier for your feline friend, bird, or other small pocket pet at the time of check in.

_____ **Cancellation Policy:** Please give a 24 hour notice of cancelling or rescheduling an appointment. After one missed appointment, an office fee of \$48 will be billed to your account. We do take into consideration that emergencies or last minute conflicts may arise, a courteous call to let us know would be appreciated.

Signature of Owner

Today's Date

RELEASE

I authorize **I do not authorize** (please select one)

The use of any photos/xrays of my pet taken at Varsity Veterinary Center, applied to my pet portal by me or the staff of Varsity Veterinary Center to be used in the website or the hospital either for educational or other purposes.

Signature of Owner

Today's Date