



**Client Information**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Contact Numbers:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Co-Owner: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us?

Drove By/Location \_\_\_\_\_ Phonebook \_\_\_\_\_ Other \_\_\_\_\_  
Internet \_\_\_\_\_ Friend/Family (Please List) \_\_\_\_\_

The State of North Carolina requires us to notify you that continuous medical care is not available at this facility from 5:30 p.m. to 7:30 a.m. Monday through Friday and from Saturday 12:00 p.m. until 7:30 a.m. the following Monday. If we feel that your pet needs continuous care during these hours, we will notify you and make arrangements to transfer your pet to After Hours Emergency Clinic. In case of an emergency, we will attempt to contact you to discuss and get permission for treatment. If we cannot reach you in a timely manner, we will act in the best interest of your pet.

**Our Policy:**

We will treat your pet with gentleness and compassion at all times. We will offer our very best medical and surgical care for your pet. Our doctors or staff members will be happy to discuss procedures, diagnoses and prognoses with you. We will gladly prepare a treatment plan for services we recommend. Always feel free to ask for an treatment plan before we begin treatment on your pet. Payment is due at the time services are rendered, and a deposit may be required before services are performed. **WE DO NOT BILL or accept partial payments. We accept cash, Visa, Mastercard, Discover and Care Credit.** Checks are only accepted after one year of being a client. Sorry for any inconvenience this may cause.

Please sign below to indicate that the information you have given us is accurate and that you have read and understand our policies:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please continue to the back of the page and tell us about your pet**



**Patient Information**

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male/Female:** \_\_\_\_\_ **Spayed/Neutered?** \_\_\_\_\_

*Does your pet have any previous medical history, if so, where?* \_\_\_\_\_

*Is your pet taking any medications on a regular basis?*  
\_\_\_\_\_  
\_\_\_\_\_

*Any known allergies to vaccinations or medication?* \_\_\_\_\_

*Any previous history of serious illness or surgeries?*  
\_\_\_\_\_  
\_\_\_\_\_

*Any behavioral problems or questions?* \_\_\_\_\_  
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