



Welcome to The Humane Animal Clinic

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Owners Name: _____ Phone#: _____

Spouse's Name: _____ Cell#: _____

Address, City, State, Zip Code: _____

Email Address: _____

Preferred method of contact for appointment reminders: Phone _____ Text _____ Email _____

Employer Name and Phone#: _____

Emergency Contact (Name and Phone#): _____

How did you learn about our clinic?: _____

Pet Information

Pet's Name: _____ Dog _____ Cat _____ Other _____

Date of Birth: _____ Sex: M _____ F _____ Neuter _____ Spay _____

Breed: _____ Color: _____

Where did you obtain this pet?: _____

What brand of food do you feed your pet?: _____

Please record dates of your pet's last vaccinations below:

Rabies: _____ Distemper: _____ Bordetella: _____

Feline Leukemia: _____ Corona: _____ Parvo: _____

Does your pet have any ongoing medical problems?: Yes _____ No _____ If yes, please list: _____

List any flea products used on your pet or in your home: _____

Previous Veterinarian and address: _____

NO CHECKS PLEASE

Cash, Debit, Visa, MasterCard, Discover, American Express and Care Credit gladly accepted

We will gladly prepare a written estimate of services, fees if you desire (please ask the doctor or tech). All professional fees due at time services are rendered. In cases of extensive medical or surgical procedure where full payment may be difficult discharge, we accept all major credit cards. I hereby authorize the veterinarian to examine, prescribe for, or treat above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature: _____ Date: _____