



Office Use Only

File # _____

Palmer Veterinary Clinic

Mi. 39.5 Glenn Hwy. / 745-3219

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information

Name _____ Spouse's Name _____

Mailing Address _____ City _____

Physical Address _____ State _____ Zip _____

SSN # _____ Date of Birth _____

Employer _____ Best time to reach you _____

Spouse's Cell # _____ Spouse's Work # _____

Spouse's Employer _____ Best time to reach spouse _____

Driver's License # _____ Spouse's Driver License # _____

Previous Veterinarian _____ Referred by _____

Contact Information:

Home # _____ Cell # _____ Work # _____

E-mail Address _____

Please indicate how you would like us to contact you for reminders:

Home Phone Cell Phone Email Text Message

All fees are due at the time services are rendered. Please indicate choice of payment:

Cash Check VISA MasterCard American Express

Financial Policy

Payment in full at the time of service is expected unless other arrangements are made in advance. It is agreed that past due accounts are subject to a **0.875%** per month service charge. Accounts with balances that are over 90 days old are considered delinquent and will be referred to a collection agency unless payment arrangements are made before that time. The animal(s) will be considered abandoned within 10 days of written notice to remove the animal(s). Upon such abandonment, Palmer Veterinary Clinic, Inc., may destroy, sell or otherwise dispose of the animal(s) without prejudice to its claim for fees or services rendered. If your account becomes delinquent and is assigned to a collection agency, a 35% collection fee will be added to your balance. Once an account has been referred for collection, the doctor-patient relationship is considered terminated.

Legal Signature _____ **Date** _____

Receptionist Initial _____

Last Name _____

File # _____

Patient Information

	<i>Pet #1</i>	<i>Pet #2</i>	<i>Pet #3</i>
Name			
Species			
Breed			
Color			
Date of Birth			
Sex: Male or Female			
Neutered or Spayed			
Diet (What kind of food?)			
Where did your pet come from?			
Vaccinations	<i>Date Last Given</i>	<i>Date Last Given</i>	<i>Date Last Given</i>
Dog: Distemper			
Dog: Parvovirus			
Dog: Corona			
Dog: Kennel Cough			
Rabies			
Cat: FVRCP			
Cat: Leukemia			
Dentistry			
Fecal Examination			
Heartworm Test			
Prior Illnesses or Surgeries			

Acknowledgement

I am the owner of the above animal(s) or am responsible for it and have the authorization to execute this consent. I hereby authorize treatment of this animal and performance of such surgical or therapeutic procedures as you determine to be indicated and use anesthetics as you deem advisable.

Legal Signature _____ **Date** _____