

SPRINGFIELD VETERINARY CENTER

CLIENT/PATIENT INFORMATION FORM

WE REQUIRE THAT ALL COMPANIONS ADMITTED TO OUR CENTER BE CURRENT ON VACCINATIONS. THANK YOU.

OWNER _____ DL# _____ - _____ - _____
CO-OWNER _____ DL# _____ - _____ - _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELLULAR _____
WORK PHONE _____ EMAIL _____
EMPLOYER _____ CO-OWNER EMPLOYER/PHONE _____

PET 1

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____
RABIES DUE DATE _____ WHERE GIVEN _____

PET 2

NAME _____ SPECIES _____ BREED _____
SEX _____ SPAYED/NEUTERED _____ COLOR _____
BIRTHDATE _____ MARKINGS _____
RABIES DUE DATE _____ WHERE GIVEN _____

WE ACCEPT VISA, MASTERCARD, DISCOVER, DEBIT, CHECK AND CASH

I UNDERSTAND THAT PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. ANY UNPAID BALANCE WILL ACCRUE INTEREST AT 21% APR OR INCUR A \$10.00 PER MONTH BILLING FEE, WHICH EVER IS HIGHER. RETURNED CHECKS WILL BE TURNED OVER TO A CHECK COLLECTION SERVICE. ALL COST OF COLLECTION WILL BE THE RESPONSIBILITY OF THE CLIENT. THANK YOU.

SIGNATURE _____ DATE _____

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR COMPANION!