

Welcome To Our Practice

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pets needs today and in the future. *Please print in ALL SPACES.*

Client's Name (Mr., Ms., Dr.) _____ Spouse (Mr., Ms., Dr.) _____

Address _____ City _____ St _____ Zip _____

Children or Others Interacting with Pet(s) _____

SS# _____ Spouse SS# _____ Home Phone _____ Cell _____

Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____

Drivers License _____ State _____ Spouse Drivers License _____ Email Address _____

How did you hear about us? (Please Circle) SWB Feist Website or Referred By _____

Is your pet insured? (Please Circle one) Yes No If you circled yes, please put down your policy # _____

We will gladly prepare a written estimate if you desire (please ask the veterinarian or Customer Service Representative). This will be important to you since ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*** If your pet is hospitalized, a deposit may be required upon entry and the remaining balance is due immediately upon discharge. There will be a \$15.00 service charge for any check returned. A \$3.00 or 21.9% per annum fee (greater of two) will be added to all unpaid balances monthly. Signature below accepts these terms and accepts responsibility for all charges incurred in the treatment of pet(s) or any applicable attorney's fees or additional charges incurred in the treatment of pet(s) or any applicable attorney's fees or additional charges incurred in the collection of payment. We accept CASH, CHECK (Drivers License Required 1st time only), and VISA/MC/DISCOVER.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pets _____ Date _____

Essential Pet Information

Dog	Cat	Other	Pet's Name	Date of Birth	Sex (Circle)	Breed	Color	Date Last Vacc.
					Female Spayed	Male Castrated		
					Female Spayed	Male Castrated		
					Female Spayed	Male Castrated		
					Female Spayed	Male Castrated		

Prior veterinarian where records could be obtained? _____

Thank you for choosing Rose Rock Veterinary Hospital & Pet Resort. We hope we meet your satisfaction. If we do not, please let us know how we could better serve you and your pets needs.