

Veterinary Clinic, P.C.
2504 W. Burlington
Fairfield, IA 52556
www.vetclinicpc.com

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please let us better meet your needs by taking a few moments to complete the following:

Owner's Name: _____ Spouse/Other Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Employer Name: _____ Phone: _____

Preferred method of payment: _____ CASH _____ CHECK _____ DEBIT/CREDIT CARD

How did you become aware of our clinic?

____ Yellow Pages ____ Our Sign ____ Personal Recommendation ____ Website

Who may we thank? _____

*****I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I agree to pay for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.*****

Pet Information

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

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

D.O.B./Age: _____ Color: _____

D.O.B./Age _____ Color: _____

Breed: _____
__ male __ male/neuter __ female __ female/spay

Breed: _____
__ male __ male/neuter __ female __ female/spay

Microchip# _____

Microchip# _____

Signature: _____ Date: _____