

Welcome To East Poplarville Veterinary Clinic, PA!

"Your Pet, Your Friend. You Care, We Care"

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 pet's needs today and in the future.

PLEASE PRINT IN ALL SPACES.

Client Information

Name _____ Spouse's Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ ☐ Mobile _____ Spouse's Phone _____ ☐ Mobile
 Email _____ Date of Birth _____ Driver's License _____
 Place of Employment _____ Phone _____
 Emergency Contact _____ Phone _____
 How did you hear about us? _____ Who can we thank? _____

We will gladly prepare a treatment plan if you desire. This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and a deposit may be required for treatment. In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, Care Credit or can establish a payment arrangement if approved in advance of the treatment. There will be a \$35.00 service charge for any check returned unpaid.

PLEASE INDICATE YOUR CHOICE OF PAYMENT:

____ CASH ____ CHECK ____ CREDIT CARD ____ CARE CREDIT/SCRATCHPAY

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 preventive care, and the appropriate charges will be assessed in the discharge invoice. You also authorize the veterinarian to examine, prescribe for, and/or treat your pet(s) and assume responsibility for all charges incurred.

	PET 1	PET 2	PET 3
NAME			
SPECIES			
BREED			
SEX/ SPAYED OR NEUTERED			
DATE OF BIRTH OR AGE			
COLOR			
MICROCHIP?			
INSURANCE?			
UP TO DATE ON VACCINES?			
PLEASE LIST PRIOR ILLNESS			
ALLERGIES, SPECIAL DIETS,			
OR MEDICATIONS			

Signature of Responsible Agent for Pet(s) _____ Date _____

If your pet(s) travel (or have traveled) out of the area, where? _____ When? _____

Initial if we have your permission to share pictures of your pet on our social media _____