

**STARING PLAZA VETERINARY CENTER**

A Professional Corporation

**WELCOME** to our practice! In order for our records to be as complete as possible, please provide the following information:

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SSN #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

May we contact you at work? Yes / No Your Spouse? Yes / No Spouse Work Phone \_\_\_\_\_

How did you hear about our practice? 1. Yellow Pages 2. Sunshine Pages 3. Sign 4. Location

5. Referred 6. Web Page 7. Other Advertisement \_\_\_\_\_

Who may we thank for referring you to our practice? \_\_\_\_\_

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ Species: Dog / Cat / Other \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Male / Female Neutered: Yes / No Color: \_\_\_\_\_ Age: \_\_\_\_\_

Previous Veterinarian (if any): \_\_\_\_\_ Microchip Yes / No \_\_\_\_\_

Please indicate any current medical problems your pet may have:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Method of Payment\*:** Cash / Check / VISA / Mastercard / American Express / Discover

\*We will gladly have a doctor or the receptionist prepare a written estimate for any services being performed if you desire.  
**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**STATEMENT OF OWNERSHIP AND CONSENT**

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES IN OUR HOSPITAL, ALL BOARDING AND HOSPITALIZED PETS MUST BE CURRENT ON VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.** I authorize the doctor(s) to provide vaccines and parasite control as needed for my pet

I am the owner of the above animal or have authority to consent to its treatment. I hereby authorize the performance of professionally accepted diagnostic, therapeutic, and/or surgical procedures. I accept financial responsibility for these services. I will not hold Staring Plaza Veterinary Center, A Professional Corporation, or its agents liable in any manner regarding the care, treatment, or safekeeping of the animal described above.

Payment in full is required at the time of discharge unless prior arrangements have been made. Should it become necessary for my account to be placed with an attorney/agency for collection, I further agree to be responsible for reasonable fees charged by such along with all incurred fees, including court costs. Furthermore, if my bill is not paid in full when I pick up my pet. Staring Plaza Veterinary Center, A Professional Corporation, may, at their discretion, keep my pet until the bill is paid in full and I will be responsible for any further charges incurred in holding my pet until the bill is paid and I have picked up my pet.

\_\_\_\_\_  
Signature (Owner or Agent)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date