WELCOME!

TELL US A LITTLE ABOUT YOU AND YOUR PET!

Primary Owner Name: _____

Spouse/Co-Owner Name: _____ Relation: _____

Street Address: _____

City/State: _____ Zip Code: _____

Mailing Address: ☐ Same as Above ☐ Other: _____

Primary Phone: (_____)_____ Secondary Phone: (_____)_____

Work Phone: (_____)_____ Other Phone: (_____)_____

Email Address: _____

Preferred Method of Communication: ☐ Phone ☐ Email

Patient Name: _____ ☐ Dog ☐ Cat ☐ Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____

For additional pets, use the back of this sheet

☐ **Photo release authorization (optional).** By checking this box, I authorize Animal Clinic of Tomahawk, Inc. to use my pets' photo(s) in medical records and on their website for promotions, advertisements, and pet photo contests.

I hereby authorize the veterinarian at Animal Clinic of Tomahawk, Inc. to examine, prescribe for, and/or treat the pet(s) described in this form. I assume responsibility for all charges incurred in the care for this animal. I also understand that **_payment is due in full_** at the time services are rendered and that a deposit for surgery may be required at the time of drop off. No finance charge is made on accounts paid within 30 days of invoice. Accounts not paid within 30 days will be charged a 2.08% finance charge each month, which is an annual percentage rate of 25%.

Signature: _____ Date: _____

Available Forms of Payment: ☐ Cash ☐ Check ☐ Credit/Debit Card
(Check all that apply)

Patient Name: _____ ☐Dog ☐Cat ☐Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____

Patient Name: _____ ☐Dog ☐Cat ☐Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____

Patient Name: _____ ☐Dog ☐Cat ☐Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____

Patient Name: _____ ☐Dog ☐Cat ☐Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____

Patient Name: _____ ☐Dog ☐Cat ☐Other: _____

Breed: _____ Color: _____

Sex: ☐ Male ☐ Female Spayed/neutered? ☐ Yes ☐ No

Birthdate/Age: _____ Reason for Visit Today: _____