

Eden Veterinary Clinic, PLLC

PATIENT/CLIENT INFORMATION

Welcome to Eden Veterinary Clinic, PLLC. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Your Name/Title _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Mobile phone _____ () TEXT REMINDERS

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

Your Driver's License Number _____ State _____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

Patients Name: _____ Patients Sex: _____ Fixed? Yes / No

Patients Age or DOB: _____ Patients Breed: _____ Species: K9 / Feline

Patient Color: _____ Feline : Short Hair Medium Hair Long Hair

Due to increased privacy laws, we must have permission to disclose any information regarding vaccinations or treatment history to groomers, training or boarding facilities, etc. Please initial here if you will allow us to disclose this information. _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, Citi Health, VISA, and MasterCard. We charge \$35 and associated fees for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____