

Welcome to the Walden Animal Clinic! Please help us learn a little about you and your pet:

Client Information

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

How did you learn about our practice? If a by a friend, who? _____

Whom should we notify in case of an emergency? _____

Home Phone _____ Cell Phone _____

Pet Information

Pet's Name _____ Canine ___ Feline ___ Other ___

Age/Birth date _____ Color _____ Sex ___ M ___ F Breed _____

Neutered/Spayed ___ Yes ___ No At what age? _____

Where and at what age did you obtain this pet? _____

Diet: _____ Current Vaccines _____

Describe any:

Prior Illness: _____ Prior Surgery: _____

Reason for pet's Visit: _____

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time services are rendered. In case of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. There will be a service charge for any check returned or unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____