

**DOUG EVANS, D.V.M. CARRIE CASITA, D.V.M. LAURA WHITELAW D.V.M.**  
**THANK YOU FOR ENTRUSTING US WITH YOUR PET'S HEALTH CARE NEEDS**

**CLIENT INFORMATION**  
PLEASE PRINT CLEARLY

ID# \_\_\_\_\_

**COMPANION ANIMAL CLINIC**  
(OFFICE USE ONLY)

ENTERED BY: \_\_\_\_\_

OWNER: \_\_\_\_\_  
LAST FIRST MIDDLE

CO-OWNER: \_\_\_\_\_  
LAST FIRST MIDDLE

BEST PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

E-Mail \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
#STREET CITY STATE ZIP

HOME ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE) # & STREET CITY STATE ZIP

OWNER EMPLOYER: \_\_\_\_\_  
COMPANY PHONE # POSITION

CO-OWNER EMPLOYER: \_\_\_\_\_  
COMPANY PHONE # POSITION

IN CASE OF EMERGENCY\*: \_\_\_\_\_  
\*NAME/PHONE# OF FRIEND/RELATIVE NOT IN HOUSEHOLD

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

**PAYMENT IS REQUIRED AT TIME OF SERVICE**

PAYMENT OPTIONS ARE: **CASH/VISA/MASTERCARD/DISCOVER/CARE CREDIT (CHECKS NOT ACCEPTED)**

- A \$25.00 "MISSED APPOINTMENT FEE" WILL BE APPLIED TO ANY ACCOUNT WITHOUT A MINIMUM OF 8 HOUR CANCELTION NOTICE.
- TO AUTHORIZE TREATMENT OWNER/AGENT MUST BE AT LEAST 18 YEARS OR OLDER.
- AUTHORIZATION IS GIVEN TO COMPANION ANIMAL CLINIC TO SHARE RECORDS WITH OTHER CLINICS, SHELTERS & LEGITIMATE LOCAL AUTHORITIES WHEN REQUESTED.
- \*\*A \$25.00 FEE WILL BE APPLIED TO ANY FRAUDULENT METHOD OF PAYMENT  
(\*\* Subject to change without notification)

**BY SIGNING THIS DOCUMENT, I AGREE TO THE ABOVE TERMS.**

\_\_\_\_\_  
DATE SIGNATURE OF OWNER/AGENT