

Owner Information

First & Last Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Place of Employment: _____ Work#: _____

Driver's License: _____ Birth Date: _____ For check writing purposes (All Records are confidential)

Partner/Authorized Agent Information

First & Last Name: _____ Home # _____

Cell #: _____ Work #: _____ Email: _____

Pet Information

Name: _____ Breed: _____ Age/Birth Date: _____

Color: _____ Gender: Male Neutered Female Spayed

Canine Preventive Care	Date of Last Service
Distemper/Parvo (DAPP)	
Bordetella (Kennel Cough)	
Rabies Vaccine	
Lyme Vaccine	
Heartworm Test/Prevention	
Intestinal Parasite Check	
Feline Preventive Care	Date of Last Service
Distemper Combination (FVRCP)	
Leukemia Vaccine (FELV)	
Rabies Vaccine	
Leukemia/FIV Test	
Intestinal Parasite Check	
Ferret Preventive Care	Date of Last Service
Distemper Vaccine	
Rabies Vaccine	
Intestinal Parasite Check	

How did you first hear of our clinic? Yellow Pages Sign Personal Referral

Whom may we thank? _____

All Fees are due at the time of services

A 50% deposit is required for all estimates at time of hospital admittance

**What form of payment will you be using today? Cash/Check Visa
 MasterCard Discover / American Express Care Credit**

I understand that all fees are due at the time of services. If EVPMC engages an attorney for collection, the undersigned agrees to pay EVPMC's reasonable attorney fees and collection costs, even though no legal proceeding is filed; however, if a legal proceeding is filed to enforce this contract, EVPMC may recover its reasonable attorney fees and collection costs in such proceeding or any appeal thereof.

Signature of Owner or Agent: _____ **Date:** _____