

Companion Animal Care Center

3340 Paper Mill Road Phoenix, MD 21131 (410) 628-8387

Thank you for choosing our hospital for the care of you pet(s). We look forward to getting to know you and your pet(s). In order to do so, we would appreciate some background information on you and your pet(s).

Name: _____

Driver's License #: _____ Social Security #: _____
(Check writing purposes)

Address: _____
(Street Address) (City, State & Zip Code)

Phone #: (____) _____ Cell Phone #: (____) _____

Spouse or Co-Owner's Name: _____

How did you first hear of us? : _____
(Person's Name {for Discount Purposes} Yellow Pages, Sign, Newspaper, Other)

e-mail address: _____

Pet No. 1

Pet No. 2

Name: _____

Name: _____

Birth Date: _____ Sex: _____

Birth Date: _____ Sex: _____

Color: _____ Breed: _____

Color: _____ Breed: _____

Neutered/Spayed?: _____ Date: _____

Neutered/Spayed: _____ Date: _____

Where Last Shots Were Obtained:

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Any Long-Term Problems and/or
Current Medications if any:

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Reason for Visit: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. Payment is expected at the time services are provided. A service charge will be applied to all returned checks. Any balances over 30 days will be subject to a rate of 1.5% per month. Accounts sent to collections will be subject to a 35% collection fee.

Signature of Owner: _____ Date: _____