## New Client/Patient Check in Form

Owner's name:	Spouse's name:	
	Home Number:	
Email Address:		
Employer:	WorkNumber:	
Mailing Address:	City/State:	Zipcode:
Pet's Name:	Color:	
	Sex:	
	Spayed/Neutered:	
MEDICAL HISTORY	PL	EASE CIRCLE YES OR NO:
	d against Rabies in the last 12 months?	Yes or No
Has your pet had any other va If Yes, which vaccines and where?	accinations in the past year?	Yes or No
Is your pet on any medication	is (Heartworm prevention, Flea/Tick Preve	
Due to insurance purposes, w	vhat is the estimated market value of you	pet?
We would love to share your Please circle your response.	pets experience with us on social media!	Yes or No
HOSPITAL POLICY	Please read the	following and sign below:
All pets admitted for hospitaliz CORE VACCINATIONS.Only accepted.	zation, boarding, or grooming services <b>MI</b> vaccinations administered by a licensed	<b>JST BE CURRENT ON</b> veterinarian will be

Pets infested with fleas or ticks will be treated at the owner's expense.

**PAYMENT IS REQUIRED FOR ALL SERVICES AT THE COMPLETION OF EACH VISIT**. We accept cash, credit, check, and care credit. **WE DO NOT ALLOW CHARGING!** Please ask if you would like an estimate of charges prior to treatment.

Hospitalized pets will be discharged **ONLY** after charges are **PAID IN FULL**. Pets retained in the hospital non-payment of charges will be boarded at the owner's expense for a period of 2 weeks. After such time pet(s) will become the property of Van Buren Co. Veterinary Clinic and be subject to anonymous adoption.

I certify that I am the owner/financially responsible agent of the above described pet(s). I have read and accepted the terms of the Hospital policy. Please circle the method of payment, as well as sign and date below:

(Circle One) CASH CHECK CREDIT CARD CARECREDIT