

Date: \_\_\_\_\_



PLEASANTBURG VETERINARY CLINIC

FOR OFFICE USE ONLY

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for giving Pleasantburg Veterinary Clinic Inc. the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:**

Owner's Name \_\_\_\_\_  
Spouse/Co-Owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Residence Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Address \_\_\_\_\_  
Email Address \_\_\_\_\_

In case of a major medical problem, who makes the final decision about treatment? \_\_\_\_\_

Who is financially responsible for this account? \_\_\_\_\_

How did you become aware of our hospital?

Yellow Pages     Hospital Sign    Internet:  Google     Yahoo     Bing     Other

Personal Recommendation - Who may we thank? Please provide their address if available.

**ALL FEES DUE UPON RELEASE OF PATIENT. WE ACCEPT CASH, CHECK, MASTERCARD OR VISA.**

\_\_\_\_\_  
**CLIENT'S SIGNATURE**

Thank you again for giving us the opportunity to serve you.

**PET INFORMATION (Please fill in the following for each pet.)**

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5	Pet 6
Name						
Species						
Breed						
Description						
Date of Birth						
Sex						
Altered (y/n)						
Major Med. Problems						

**It is our policy to provide you with an estimate of fees upon request for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required depending upon the amount of the estimate.**