

WELCOME TO MT. PLEASANT ANIMAL HOSPITAL

Berry M. Mitchell DVM Terry C. Mitchell DVM

Thank you for giving us the opportunity to care for your pet(s). Please help us to meet your needs by taking a moment to share important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

CLIENT INFORMATION		Date:
Name:	Spouse's Name:	
Address:		
City, State, Zip:		
Phone # (home):		
Place of employment (You):	Place of employment (Spouse):	
Phone # (work):	Spouse's Phone # (work):	
Driver's License (You):	Driver's License (Spouse):	
E-Mail Address:		

How did you learn of our practice? (Check One) Hospital Sign Yellow Pages Friend Internet
 Other

Recommended by: _____

ESSENTIAL PET INFORMATION						
Pet's Name	Species (Dog, Cat, Bird)	Breed	Date of Birth or Age	Sex (M, F)	Spayed or Neutered? (Yes, No)	Color

Any previous serious illnesses or surgeries? Yes No If yes, Describe: _____

Any allergies to vaccinations or medications? Yes No If yes, Describe: _____

Is your pet on any special diet or medications? Yes No If yes, Describe: _____

Reason for today's visit: _____

*****All fees are due at the time services are rendered*** (Please indicate your choice of payment):**

Cash Check Visa* Mastercard* Discover* American Express* Debit card*

*Card must be present to process these transactions. Required by credit card processor.

We will gladly prepare a written estimate for our services if you desire. Written estimates are only for planned procedures and DO NOT include unforeseen problems or emergencies that may arise. Therefore, the final bill may be more or less than what was estimated. In cases of extensive medical treatment, diagnostic workup or surgical procedures a deposit may be required before these services are performed. There will be a \$35.00 service charge for any check returned unpaid.

I certify I am the owner or agent of the owner of the above named pet(s) and I am 18 years old or older.

Signature of owner or agent of pet(s): _____