

# Welcome to Green Camp Veterinary Clinic, LLC

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. Please take time to fill in this form completely. Thank you!

Owner \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

P.O. Box \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Email Address \_\_\_\_\_

May we send you promotions and reminders at this address? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Spouse Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Sign \_\_\_\_\_ Recommendation \_\_\_\_\_ Internet

If recommended to us, who recommended you: \_\_\_\_\_

Name of Pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth date/Approximate Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Name of Pet \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth date/Approximate Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

\_\_\_\_\_

Pet's current medications prescribed and over the counter: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume the responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit will be required for hospitalized and/or surgical care. The balance for hospitalized/surgical treatment will be paid at the time of release of my pet.

Signature of Owner/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (VISA, MasterCard, Discover) \_\_\_\_\_ Care Credit