



# Monroe

VETERINARY ASSOCIATES

Thank you for giving us the opportunity to care for your pet.  
So that we may be better able to meet your needs,  
please complete the following:

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

Dr. Owner(s) \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Mr. Address \_\_\_\_\_  Own  Rent Employment \_\_\_\_\_  
 Mrs. City / State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Ms.

E-mail \_\_\_\_\_ Do you want reminders sent via e-mail vs. postcard?  Yes  No

Driver's License ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned acknowledges receiving services and certifies that I will take financial responsibility. In the event that payment is not received and my account is placed for collection, the undersigned agrees to pay in addition to the amount due, service charges, in the amount of 1.5% per month (18% per annum), an amount equal to all collection expenses, including reasonable attorney's fees in the amount of 33-1/3% of the amount placed for collection. I authorize the Animal Hospital to check my credit record and to verify my credit, employment and income references.

Witness \_\_\_\_\_ Signature \_\_\_\_\_

### All fees are due upon rendering of services.

How did you become aware of our hospital?  Yellow Pages  Clinic Sign  Website

Personal Recommendation \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

Have you ever been to a Veterinarian before?  Yes  No If so, where? \_\_\_\_\_

Is there a particular area of interest that we could possibly provide you with more information?  
\_\_\_\_\_  
\_\_\_\_\_

### Please list all your pets whether they have an appointment

**NOTE: For the safety of all animals here, it is our policy that all animals must be up to date with their vaccinations in order to be boarded or hospitalized.**

<b>Patient 1 Name</b>	<input type="checkbox"/> Dog	Breed _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	<input type="checkbox"/> Cat	Color _____	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Other	_____	Birth Date _____
Vaccination Date/Year: _____			
<input checked="" type="checkbox"/> Dog	Rabies _____	Distemper/Parvo _____	<input checked="" type="checkbox"/> Cat Rabies _____
Other _____	_____	_____	Distemper _____ Feline Leukemia _____
Diet _____	_____	_____	Where Given _____
Reason for Visit _____			
<b>Patient 2 Name</b>	<input type="checkbox"/> Dog	Breed _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	<input type="checkbox"/> Cat	Color _____	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Other	_____	Birth Date _____
Vaccination Date/Year: _____			
<input checked="" type="checkbox"/> Dog	Rabies _____	Distemper/Parvo _____	<input checked="" type="checkbox"/> Cat Rabies _____
Other _____	_____	_____	Distemper _____ Feline Leukemia _____
Diet _____	_____	_____	Where Given _____
Reason for Visit _____			
<b>Patient 3 Name</b>	<input type="checkbox"/> Dog	Breed _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
_____	<input type="checkbox"/> Cat	Color _____	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Other	_____	Birth Date _____
Vaccination Date/Year: _____			
<input checked="" type="checkbox"/> Dog	Rabies _____	Distemper/Parvo _____	<input checked="" type="checkbox"/> Cat Rabies _____
Other _____	_____	_____	Distemper _____ Feline Leukemia _____
Diet _____	_____	_____	Where Given _____
Reason for Visit _____			