



Fishers Veterinary Associates



Thank you for the opportunity to care for your pet(s). We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible and so that we may become better acquainted, please take the time to fill in this form completely.

Information About You

Your Name: Mr. Mrs. Miss Ms Dr. _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Other Phone: _____

Email (for appointment reminders): _____

Emergency Contact: _____ Phone: _____

Employer: _____ Occupation: _____

Driver's License #: _____ State: _____

How did you first hear of us?

Yellow Pages Phonebook

Angie's List

Facebook

Individual recommendation by: _____

Other: _____

Google / Yahoo Search

AAHA referral

Drove by/Clinic sign

Your Pet's Information

Pet's name: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Age/Birthday: _____

Sex: Male Neutered Female Spayed

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No

Did you bring your pet's medical/vaccine records with you? Yes No

If not, please list your previous veterinarian's information below so that we may call to have records faxed over.

Previous Veterinarian (if any): _____ Phone (if known): _____

Photo Release

Photos may be taken of your pet while it is in our office for visits, boarding, and/or hospitalization. Do we have your permission to post these photos to our Clinic's website and/or Facebook Page? Yes No

Method of Payment Today

Payment is required at the time of service. For your convenience, we accept Visa, Mastercard, Discover, American Express, Cash, or in state Check (with valid Driver's license). We will be happy to provide a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required. Please check one: Cash Check Debit/Credit Card

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release.

Signature: _____ Today's Date: _____