Welcome To Coastal Plains Animal Clinic !!

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

CLIENT'S NAME_____SPOUSE/OTHER_____

ADDRESS_____CITY_____STATE_____ZIP_____

DRIVERS LICENSE #_____ SOC. SEC. #_____

SPOUSE DRIVERS LICENSE #_____SPOUSE SOC. SEC. #_____

HOME PHONE_____ CELL # _____E-MAIL_____

EMPLOYER_____WORK PHONE_____

SPOUSE/OTHER EMPLOYER_____WORK PHONE_____

At what time (_____)and at what phone number (_____)can we call to talk to you about your pet?

Who would we ask for?_____ Alternate Emergency Number_____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED***. *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, American Express, and Care Credit.*

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s)_____Date_____

How/Why Did You Select Us?_____

Are You Interested in Behavior Management Assistance?_____

If your pet(s) travel (or have traveled) out of the area, where?_____

Cat	Dog	Other	Pet's Name	DOB	Sex	Description