



# Shandon-Wood Animal Clinic & Columbia Cat Clinic



Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you for giving Shandon-Wood Animal Clinic/Columbia Cat Clinic the Opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER(S) \_\_\_\_\_ SPOUSE \_\_\_\_\_  
LAST FIRST LAST FIRST

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY COUNTY STATE ZIP CODE

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

SPOUSE'S CELL # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ / \_\_\_\_\_  
EMPLOYER TITLE

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_ / \_\_\_\_\_  
EMPLOYER TITLE

REFERRED BY \_\_\_\_\_  
NAME

**PLEASE TELL US ABOUT YOUR PETS!**

NAME	BREED	COLOR	D.O.B. OR AGE	SEX Spayed? Neutered?	MICROCHIP #	PREVIOUS VET HOSP.

So that we are able to suit your individual needs, which do you feel most applies to you. Check all that apply:

- I feel that my pet is another member of our family.
- I want the best medical care available for my pet; please recommend anything you feel is necessary for good health
- I prefer to be present when my pet is examined and treated.
- I feel that my pet is just a pet.
- I want good medical care for my pet, but there is a limit to what I am able to have done.
- I would rather not see my pet examined and treated.

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.

We will gladly prepare a written estimate before services are rendered. This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we do accept Visa, Master Card, American Express, Discover or Care Credit. Please ask a receptionist for more information on Care Credit.

Signature of Responsible Agent for Pet(s): \_\_\_\_\_ Date: \_\_\_\_\_