



Rogers Avenue Animal Clinic

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to complete this form. If you have any questions, we will be glad to assist you. We look forward to working with you in maintaining your pet's health.

Name: _____

Drivers License: _____ State: _____ Expiration: _____

Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Business Phone: _____

Please indicate to us in which way you became aware of our clinic

- Referred by a friend/client. Who may we thank? _____
- Location of business (drove by)
- Website. Which one? _____
- Advertisement (i.e. google, search engine, yellowpages, business card, etc)
Which one? _____

By signing I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I am aware that a written estimate of service fees may be provided to me upon my request (please ask our doctor or a receptionist). All professional fees are due at the time that services are rendered. In cases of extensive medical or surgical procedures, I understand that a deposit may be required prior to treatment.

For your convenience we currently accept Master Card, Visa, American Express, Discover, Debit Cards, Care Credit, Checks, and cash.

Owner/Responsible Party: _____



