

Welcome to Mt. Pleasant Animal Hospital, PC. We would like to thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care for your pet, please fill out this form completely.

CLIENT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alternate phone #: _____

Email: _____

SS#: _____ or DL# (required) _____

Spouse: (other) _____ Phone #: _____

PET INFORMATION

Name: Dog Cat Other _____

Breed: _____ Color: _____

Birth date or approximate age: _____

Male Female Spayed/Neutered? Yes No

Reason for visit: _____

Clinic where previous vaccinations were done: _____

If you have medical records with you please hand them to the receptionist.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume the responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____

Payment will be **due** at the time services are rendered. We accept cash, all major credit cards and Care Credit. **WE DO NOT ACCEPT CHECKS.** If you have concerns regarding payment, please discuss with a staff member prior to treatment.