

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet and bring with you to your appointment or you may fax ahead of time to 828-437-7224.

Owner's Name: _____ Spouse/Other: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Spouse/Other Cell Phone #: _____

Employer's Name & Address: _____

All fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Driver's License _____ State _____

Preferred Method of Payment: Cash Check Visa Mastercard or Discover Care Credit

Name of Previous/Current Veterinarian: _____

• Pets Name: _____ Date of Birth _____

Circle one: Male Male/ Castrated Female Female/Spayed

Color: _____ Breed: _____ Allergies? _____

Last Vaccinations & Date Given: _____

Is your dog on heartworm preventative? YES / NO

Reason for Visit Today: _____

• Additional Pets Name: _____ Date of Birth _____

Circle one: Male Male/ Castrated Female Female/Spayed

Color: _____ Breed: _____ Allergies? _____

Last Vaccinations & Date Given: _____

Is your dog on heartworm preventative? YES / NO

Reason for Visit Today: _____