



Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in the form. Thank you and welcome to Timbercrest Veterinary Service

Owner: _____ Date of Birth: ____/____/____

Driver's License #: _____ Home Phone #: (____) _____ Cell #: (____) _____

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

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

County: _____ Work Phone #: (____) _____ Fax #: (____) _____

Email Address: _____

Spouse/Significant Other: _____ Date of Birth: ____/____/____

Driver's License #: _____ Home Phone #: (____) _____ Cell #: (____) _____

Work Phone #: (____) _____

May we take and use your pet's photo for social media? YES NO

May we use your email for reminders and clinic promotions? YES NO

How did you learn of our clinic? Social Media: _____

Friend/Family: Who? _____

Other: _____

I hereby authorize the veterinarian to release my pet's vaccine information to the proper authorities, groomers and other veterinarian clinics/hospitals only. Any other history requested must first be approved by myself (or significant other listed above) via verbal or written consent. Please circle: **YES NO**

I hereby authorize the veterinarian to examine, prescribe for or treat my pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. Any balances past 30 days will be charged a finance charge of 2% or a minimum of \$2.00 monthly. Any balances over 90 days past due may result in further action to collect the balance, including all finance charges and all fees acquired through the collections process.

Signature of Owner: _____ **Date:** _____