

GOOSE CREEK VETERINARY CLINIC



Chart #: _____

CLIENT NAME (owner of pet) : _____

STREET ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: (Please Print Clearly) _____

SECONDARY CONTACT : _____ RELATION : _____

SECONDARY PHONE # : _____

If the doctors or technicians need to contact you about your pet, do you prefer HOME **OR** CELL

How do you wish to receive your pet's reminders? **CHOOSE ONE** EMAIL PHONE CALL

Previous Veterinary Hospital: _____ Phone: _____

Was the pet under your current name? YES / NO If NO, whose name was it under? _____

How did you find out about our veterinary services? _____

If one of our clients referred you, who may we thank for referring you? _____

In case of an emergency, or if you are unable to be present for an appointment, please list an authorized person able to make MEDICAL and FINANCIAL decisions for your pet(s).

MEDICAL/FINANCIAL: _____ Phone # _____

PAYMENT POLICY

PLEASE READ AND SIGN

We will be glad to provide you with a written treatment plan. Please let one of our receptionists or nurses know if you would like to have one for your appointment. We do not offer delayed billing, or payment arrangements unless a wellness plan is used. Full payment is due at the time of service. For your convenience, we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, Debit Cards, Personal Checks, Cash, and CARE CREDIT. If a credit card or check is used as a form of payment, your picture identification is required to be shown, or we can keep it on file with your permission.

CLIENT SIGNATURE: _____ DATE: _____

ID / DRIVERS LICENSE #: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

PET'S NAME: _____

SPECIES: (circle one) Canine/Feline/Reptile/Rodent/Other _____

BREED _____ COLOR _____

DATE OF BIRTH or AGE _____ MALE or FEMALE _____ SPAYED or NEUTERED _____

MICROCHIPPED YES/NO _____ VACCINE REACTION YES/NO _____ INSURANCE YES/NO _____

Please list any previous or current medical conditions, special medications or special diets.

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