



Carolina Pets

ANIMAL HOSPITAL



INFORMATION ABOUT YOU AND YOUR PET

First Name _____ Middle Initial _____ Last Name _____

Secondary Name on Account _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Place of Employment _____ Work Phone (_____) _____

Which phone number would you like for us to use as our primary means of contacting you? _____

Email Address _____

(Your email will only be used as expressly authorized by you on reverse)



FIRST PET

Pet Name _____ ☐ Dog ☐ Cat ☐ Other _____

Breed _____ Color _____ Sex _____ Age _____

Spayed or Neutered: ☐ Yes ☐ No Date of Last Vaccinations _____ Where? _____

How long have you owned your pet? _____ Where did you obtain your pet? _____

Does your pet board or attend day care? ☐ Yes ☐ No If yes, where: _____

Does your pet have any conditions that we should be aware of (briefly describe)? _____

What are three things anyone should know about your pet? _____



SECOND PET

Pet Name _____ ☐ Dog ☐ Cat ☐ Other _____

Breed _____ Color _____ Sex _____ Age _____

Spayed or Neutered: ☐ Yes ☐ No Date of Last Vaccinations _____ Where? _____

How long have you owned your pet? _____ Where did you obtain your pet? _____

Does your pet board or attend day care? ☐ Yes ☐ No If yes, where: _____

Does your pet have any conditions that we should be aware of (briefly describe)? _____

What are three things anyone should know about your pet? _____

(Continued on reverse)



COMMUNICATION

How would you like to receive reminders for your pet's wellness needs from us?

☐ Postcard ☐ Email ☐ Text Message ☐ All: Postcard, Email and Text Message

If texting is preferred, please tell us your carrier: _____

Would you like to receive important information that could affect your pet via email such as food recalls, local disease threats, etc?
(This would be an infrequent email sent only to alert you when something we consider important has occurred.) ☐ Yes ☐ No

How did you Become Aware of Our Hospital? ☐ Professional Referral ☐ Hospital Sign ☐ Mail ☐ Web Page

☐ Internet SearchEngine ☐ Facebook ☐ Twitter ☐ Newsletter ☐ Television ☐ Radio ☐ Postcard

☐ Individual – Someone we may thank? (please print) _____

☐ Other _____



PAYMENT POLICY

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you: Cash, Debit Cards, MasterCard, Visa, Discover, American Express and Care Credit upon approval.

It is our policy to provide you with a written estimate of fees for any case where a pet may have extensive treatments in-hospital, surgery or hospitalization. We can provide you a written estimate for any services upon request. A deposit may be required for extensive procedures.

Signature _____

Printed Name _____ Date _____