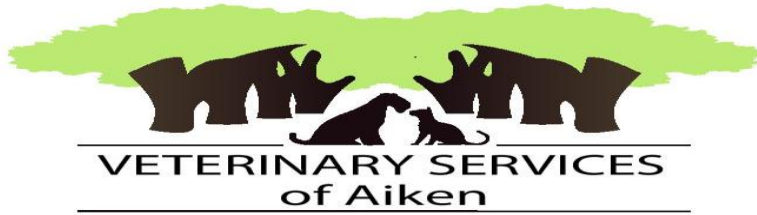


Client acct# _____



Thank you for giving Veterinary Services the opportunity to care for your pet(s)

Client Name: _____ Spouse/Partner: _____
 Address: _____ City: _____ Zip: _____
 Phone: (home) _____ Cell: _____
 Email: _____

How did you hear about us (please circle response)? Individual _____
 Internet Website Google Sign/drive by Rescue Other _____

Patient	Pet 1	Pet 2	Pet 3
Name			
Age			
Breed			
color			
Sex-Female, Spayed, or Male, Neutered			
Current Medication?			

Previous Veterinarian: _____ Phone number: _____

I authorize the veterinarians and staff of Veterinary Services to examine, prescribe treatment for and perform procedures that are deemed medically necessary for the health of my pet(s). I assume all financial responsibility for charges incurred for the care of my pet(s). I understand that all charges will be paid at the time of treatment. To keep your pet protected against infectious diseases and parasites, all hospitalized and boarding animals must be current on required vaccines and free of internal and external parasites or we will treat them on admission and you will be charged for the treatment.

I understand that my pet may be photographed and pictures may possibly appear on www.aikenpetvet.com or Facebook and I authorize this use. (Client names will not be used in the photos.)

I understand that if my animals have been left for over seven days past their original departure date with no contact from me, they are considered abandoned and therefore the property of Veterinary Services.

Signed _____ Date: _____

We accept cash, checks, Master Card, Visa, Discover and CareCredit. In order for Veterinary Services to accept a check as a form of payment, we must have a valid driver's license number and your date of birth.