



Client last name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Primary phone number: _____ Cell: _____

Spouse's name: _____ Number: _____

Email: _____

Are you: Senior Citizen/PrimeMed patient /Military/Police/Firefighter/EMT (Circle one)

How did you hear about us? _____

Did you know that if you refer a friend, you get a \$25 credit on your account!

Pet's Information

Name: _____ Species: Dog Cat (Circle one)

Breed: _____ Sex: Female Male Spayed Neutered

Color: _____ Date of birth: _____ Age: _____

Is your pet microchipped: _____ Any known allergies? _____

Medications including flea/heartworm preventions: _____

Don't forget to check out our Facebook for upcoming specials, and sign up to ePetHealth for access to your pets records.

I understand that payment is due at the time services are rendered, unless prior arrangements have been made. We accept cash/checks/Visa/Mastercard/American Express/Discover/Care Credit.

Signature: _____ Date: _____