

Patient Update Form

Owners Name: _____ Driver's License Number: _____

Animal's Name: _____ Age: _____ Sex: _____

Current Address: _____ Zip Code _____

Email Address: _____ Phone Number _____

Please answer the following:	Y	N	Please add additional information here:
Are your pet's vaccinations up to date? IF YES, Where are they being done at?			
Is your pet spayed or neutered?			
Has your animal been examined by a veterinarian in the past year? WHERE? WHEN?			
Has your pet had any major injury in the last year? IF YES PLEASE EXPLAIN.			
Does your animal have any chronic illness? PLEASE EXPLAIN.			
Has your pet ever had a seizure?			
Is your animal currently on medications? IF YES, PLEASE EXPLAIN.			
Has your pet had a heartworm test in the last year? IF YES, WHERE AND WHEN?			
Is your pet taking a heartworm preventative monthly? IF YES, WHAT BRAND?			
Is your pet currently on flea/tick medication? IF YES, WHAT BRAND?			
Is your pet indoor or indoor/outdoor (primarily for cats)			
Is your pet allergic to any food/RX? IF YES, PLEASE IDENTIFY.			

What is the reason for your visit today?

We pledge to do our very best to care for your pet's health need. In return we ask you to accept the responsibility for the charges incurred in the treatment of your pet and to accept that:

FEES ARE TO BE PAID AT THE TIME OF SERVICES ARE RENDERED.

OUR OFFICE VISIT IS \$60 to \$85 ANY OTHER SERVICES WILL BE IN ADDITION TO THAT AMOUNT.

WE ALSO ACCEPT CARE CREDIT AS A FORM OF PAYMENT PLAN.

IF INTERESTED PLEASE ASK STAFF FOR INFORMATION.

[MARK ONE] PAYMENT METHOD: Check _____ Credit/Debit Card _____ Care Credit _____ Cash _____