Check–In: CANINE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Information

Account holder:

Address:

Home phone:

Work phone:

Cell phone:

Email:

Employer:

Spouse/Other:

Spouse work phone:

Spouse cell phone:

Spouse email:

Spouse employer:

Children:

Emergency phone:

Emergency contact:

Patient Information

Name:

Species:

Breed:

Color:

DOB/Age:

Sex:

Weight:

Allergy:

Today’s Desires

Vaccinations

❑ Whatever is due  ❑ Kennel cough  ❑ Distemper-Parvo

❑ Lyme’s  ❑ Parvo-Corona  ❑ Rabies  ❑ Dental vaccine

Procedures

❑ Heartworm check  ❑ Urinalysis  ❑ Check anal glands

❑ Glucose check  ❑ Nail trim  ❑ Microchip

❑ Deworming  ❑ Wellness exam  ❑ Pre-surgical exam

❑ Fecal exam (❑ sample brought from home)

More Concerns

Consultation:

Blood tests:

Health concerns today:

Refills on:

Products to take home:

Authorization Current Balance: $

❑ I certify that the above information is current and correct.

❑ I understand that I am financially responsible for all charges.

❑ I understand that full payment for services is due today. If you are unable to pay, please reschedule the appointment.

❑ I intend to pay today via: ❑ Cash  ❑ Check  ❑ Credit Card  ❑ Debit Card  ❑ Money Order  ❑ Care Credit

❑ I understand that a 1.5% billing fee (minimum of $3.00) is assessed to all overdue accounts after 30 days.

❑ I would like to receive information on a bill payment system.

Signature:   ❑ Account holder  ❑ Spouse/Other  ❑ Child