Check–In: FELINE 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  ❑ Bordatella  ❑ Leukemia/FIV

❑ Distemper  ❑ Rabies  ❑ FIP

Procedures

❑ Leukemia test  ❑ Urinalysis  ❑ Check anal glands

❑ Microchip  ❑ Deworming  ❑ Flea injection

❑ Fecal exam (❑ sample brought from home)

❑ Wellness exam  ❑ Pre-surgical exam

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