



The Standard of
Veterinary Excellence



Account Number:

Entered By:

Welcome to Yellow Springs Veterinary Clinic!

Your Name: _____ Date: _____

Spouse/Co-Owner: _____

Address: _____ City: _____

State: _____ Zip: _____

Primary Phone: _____ Phone Type: Cell Home

* Name of Primary Contact: _____

Secondary Phone: _____ Phone Type: Cell Home

* Name of Secondary Contact: _____

Work Phone: _____ Employer: _____

Email: _____ Drivers License #: _____

State Issued: _____ Exp: _____

Name of Pet: _____ Cat or Dog

Breed: _____ Color/Markings: _____

Date of Birth: _____ Is your pet spayed or neutered? Yes or No

How did you hear about us? Internet Sign Other: _____

Referral- Their Name: _____

If you referred by someone, let us know who so that we can thank them!

I hereby authorize the veterinarian to examine, prescribe for or treat my pets that I bring to this establishment for veterinary care. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent: _____

Payment is expected when services are rendered. We are always happy to provide estimates for services.

Please select your method of payment:

Cash Check MC/Vsa/Discover Care Credit

Office Use Only:

Date: _____	Initial: _____	Date: _____	Initial: _____
Date: _____	Initial: _____	Date: _____	Initial: _____
Date: _____	Initial: _____	Date: _____	Initial: _____
Date: _____	Initial: _____	Date: _____	Initial: _____