

Kindness Animal Hospital

Charles Arntson, DVM

Client Information

Owner's Name _____ Today's Date _____

Address _____
Street City State ZIP

Home Phone Number _____ Cell Number _____

Employer _____ Occupation _____

Work Phone Number _____

Email Address _____

Spouse or Co-Owner _____ Cell Number _____

Employer _____ Spouse/Co-Owner's Work Number _____

How did you become aware of our clinic? _____

Patient Information

Pet's Name _____ Breed _____

Color/Markings _____ Age or Birth Date _____

Male Neutered: Yes No Female Spayed: Yes No

Date(s) of your pet's last vaccinations _____

Other Pets in your household:

Pet's Name _____ Breed _____

Color/Markings _____ Age or Birth Date _____

Male Neutered: Yes No Female Spayed: Yes No

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Pet's Name _____ Breed _____

Color/Markings _____ Age or Birth Date _____

Male Neutered: Yes No Female Spayed: Yes No
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Payment Policy

ALL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE PERFORMED

Payment in full by cash, check or credit card (MasterCard and VISA) is expected when treatment is performed or animal is discharged. In cases of extensive medical or surgical procedures payment arrangements must be made in advance.

Please circle below how you will be paying your bill

CASH

CHECK

CREDIT CARD

Signature _____