



16010 Northcross Drive  
Huntersville, NC 28078  
704-655-0202  
Fax: 704-655-0333

Welcome! Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Spouse/ Significant Other: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our hospital?

- Yellow Pages    Hospital Sign    Internet    Previous Client    Recommendation

\_\_\_\_\_  
(Whom may we thank?)

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Visa, MasterCard, Discover, American Express, and Care Credit cards as well as cash and personal checks. (There is a \$20 fee for returned checks.)

To prevent the spread of infectious disease and parasites, all in-patients, out-patients, boarding, and pets here for baths, must be current on all vaccines and be free of parasites. I understand this to be strict policy of the hospital and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please List Individual Pet Information On The Back Of This Page\*\*\***

Pet Information

Pet Name: \_\_\_\_\_ Cat/ Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spayed or Neutered  
(circle one)

Previous Hospital/Vet: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Medical Conditions/Previous Surgical Procedures: \_\_\_\_\_  
\_\_\_\_\_

Microchip: Yes or No (circle one)      Microchip Number# \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat/ Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spayed or Neutered  
(circle one)

Previous Hospital/Vet: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Medical Conditions/Previous Surgical Procedures: \_\_\_\_\_  
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Microchip: Yes or No (circle one)      Microchip Number# \_\_\_\_\_

Pet Name: \_\_\_\_\_ Cat/ Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

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Microchip: Yes or No (circle one)      Microchip Number# \_\_\_\_\_