



OFFICE USE ONLY

Client ID#: _____

Client info. last updated: _____

***WE WELCOME YOU AND YOUR PET(S) TO THE
STACK VETERINARY HOSPITAL***

***WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PET.
PLEASE COMPLETE THE FOLLOWING SO THAT WE MAY BETTER SERVE YOU.
(PLEASE PRINT NEATLY)***

Date _____ Were you referred by a friend? **YES/NO**--If yes who? _____

Primary phone: (h,c,w) _____ Who should we ask for? _____

Secondary phone:(h,c,w) _____ Who should we ask for? _____

* May we contact you **via email**? (select one) **YES** **NO** :

Email address: _____

* How would you like to receive vaccine reminders? (select all that apply) **Email** **Post Card** **Text**

* May we post your pet(s) photo on our **Social Media Page**? (select one) **YES** **NO**

(No personal information will be posted or shared)

Name _____ (Mr. Mrs. Miss Ms. Dr.)
Last First

Address _____
Street City/Town Zip Code

Employer _____ Work Phone _____

Spouse's/Co-owner's Name _____
Last First

Spouse's/Co-owner's Phone (h,c,w) _____

Spouse's/Co-owner's Employer _____ Work Phone _____

Alternate Emergency # _____ Who should we ask for? _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, personal checks, Visa, Master Card, Discover or Care Credit.

After your pet's examination a written healthcare plan with detailed fees can be provided before further treatment is completed.

The signature below authorizes this level of health care and the appropriate charges will be assessed and payment required at that time.

Signature of Responsible Agent for Pet(s) _____