



# Welcome to the Corfu-Darien Veterinary Clinic

*Thank you for giving us the opportunity to care for your pet!*

## Client Information:

Owner's name: \_\_\_\_\_ Spouse's /Co-Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s) : \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) Spouse's /Co-Owner's Number (s): \_\_\_\_\_

Would you like us to keep a work phone number on file in case of emergencies? \_\_\_\_\_ (Work)

Email Address: \_\_\_\_\_ Would you like email reminders? \_\_\_\_\_

How did you first hear about us? (Please check one that best applies)

Friend/ Family:  Website:  Facebook:  Other:

We will gladly prepare a written estimate for any services we provide. Please feel free to ask a staff member.

## All Fees are due at the time services are rendered.

We accept cash, credit cards (Visa, Master Card & Discover). *We do not provide payment plans nor do we accept Care Credit.* There will be a deposit required for all extensive and/or emergency procedures or hospitalization

## Patient Information:

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

DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: Yes  No

Microchip or tattoo: Yes  No  Number: \_\_\_\_\_

## Please provide written proof of vaccines either prior to your appointment or at the time of your first visit.

Please list all prior illness and/or surgeries that your pet has had:

Illness/Surgery	Date
_____	_____

Is your pet on any long term medications? (If yes please list medication and current dose you are giving)

Medication:	Dose: (how often and how much)
_____	_____

What food is your pet currently eating? \_\_\_\_\_ How much /how often? \_\_\_\_\_

Do you take your pet to any of the following? (Please check all that apply)

Outside to play  Trail walks/hikes  Pond swimming  Dog Parks

Grooming  Boarding  Socialization class  Camping  Vacations with you