



Precious Paws Animal Hospital

Welcome to **YOUR** animal clinic!!

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

Date: _____
Name: _____ Co-Owner/Spouse Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Main Contact Number : _____ Work Phone: _____
Add'l Contact Number: _____ Co-Owner/Spouse's phone: _____
Email Address: _____ Driver's License #: _____

**YOUR DRIVERS LICENSE IS REQUIRED AT REGISTRATION FOR IDENTIFICATION AND INFORMATION VERIFICATION.
ALL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED. WE DO NOT OFFER FINANCING OR IN-HOUSE CREDIT!**

We accept the following forms of payment: Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit.

How did you become aware of our clinic? __ Yellow Pages __ Sign __ Newspaper __ Internet __ Clipper Magazine __ Flyer
Personal Recommendation (Whom may we thank?) _____

Occasionally, photos of pets are included on our website and our Facebook page

Check One:

____ YES, DCAC, Inc does have permission to use images of my pet on the website and Facebook page.

____ NO, DCAC, Inc does NOT have permission to use images of my pet on the website and Facebook page.

PATIENT INFORMATION

Pet 1

Name: _____ Species: __ Dog __ Cat __ Bird __ Other _____
Breed: _____ Color(s): _____ Age/DOB _____
Sex: __ Male __ Female Has your pet been spayed or neutered? __ Yes __ No
Any Known Allergies? _____

Pet 2

Name: _____ Species: __ Dog __ Cat __ Bird __ Other _____
Breed: _____ Color(s): _____ Age/DOB _____
Sex: __ Male __ Female Has your pet been spayed or neutered? __ Yes __ No
Any Known Allergies? _____

Please note: Current vaccinations **by a licensed veterinarian** are required for the admission of your pet to our hospital. Owner administered vaccinations are not acceptable. This includes admission for elective surgery, boarding, grooming and well animal care. Proof of vaccinations is required prior to admission and is the responsibility of the client. __

I agree to allow the doctors and staff of Desoto County Animal Clinic to treat my pet and I accept responsibility for all accumulated fees associated with the care that my pet(s) receive. I understand that I am responsible for payment in full prior to discharge according to Desoto County Animal Clinic policy and will be held responsible for service or collection fees if balance is not paid in full.

Your signature below indicates that you have read and accepted Precious Paws Animal Hospital's Policy Statement and that you agree to all policies on that statement. If your pet has any parasites, internal or external, while in our care, your pet will be treated for said parasites at a charge to you.

Client Signature: _____ Date: _____