



622 McKinley Street in Great Bend, KS 67530
Great Bend, Ks. 67530
620-792-1265

DATE _____ CLIENT ID# _____
NAME _____ SOCIAL SECURITY# _____
ADDRESS _____ CITY, STATE, ZIP _____
CELL PHONE# _____ HOME TELEPHONE# _____
EMPLOYER _____ WORK# _____

NAME OF SPOUSE _____ SOCIAL SECURITY# _____
PLACE OF EMPLOYMENT _____
CELL PHONE# _____ WORK # _____

E-MAIL: _____

NAME OF NEAREST RELATIVE, IN CASE OF EMERGENCY:
_____ TELEPHONE# _____

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

I PLAN TO PAY BY:

CASH _____ CHECK _____ VISA _____

MASTERCARD _____ CARECREDIT _____ OTHER _____

CREDIT TERMS ON ACCOUNTS ARE ONLY AVAILABLE ONLY UPON PRIOR CREDIT APPROVAL.

HOW DID YOU FIRST HEAR OF OUR HOSPITAL?

_____ REFERRAL, SOMEONE WE MAY THANK? _____
_____ Yellow Pages _____ Clinic Sign _____ Facebook _____ Google Result
_____ Digital Billboard _____ Radio Ads _____ Mobile App Other _____

	<i>Pet 1</i>	<i>Pet 2</i>	<i>Pet 3</i>	<i>Pet 4</i>	<i>Pet 5</i>
Name					
Species					
Breed					
Description					
Age (Years)					
Date of Birth					
Sex (M, F)					
Spayed or Neutered					
Length of Time Owned					
Diet (Kind of Food)					
Distemper					
Parvo					
Rabies					
Bordetella					
Feline Leukemia					
Other Vaccines					
Heartworm Test					
Heartworm Prevention					
Feline Leuk/FIV Test					
Fecal Exam					
Prior Illness					
Prior Surgeries					

AUTHORIZATION FOR TREATMENT:

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED, BOARDED, AND GROOMING ANIMALS, MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE VETERINARIAN TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

I, THE OWNER (OR AGENT FOR OWNER), AUTHORIZE ANIMAL MEDICAL CENTER TO PERFORM SUCH MEDICAL AND /OR SURGICAL PROCEDURES, DEEMED NECESSARY AT THE DISCRETION OF THE ATTENDING VETERINARIAN THAT ARE REQUIRED FOR DIAGNOSIS AND/OR TREATMENT OF SAID ANIMAL.

I ALSO UNDERSTAND THAT THE OWNER AND/OR AGENT FOR OWNER IS FINANCIALLY RESPONSIBLE TO ANIMAL MEDICAL CENTER FOR ALL APPLICABLE CHARGES. FINANCE CHARGES OF ONE & HALF PERCENT PER MONTH, AN ANNUAL PERCENTAGE RATE OF 18% WILL BE ASSESSED UPON ALL INVOICES NOT PAID BY THE 10TH OF THE MONTH FOLLOWING PURCHASES AND/OR ON SERVICES PERFORMED.

PHOTO RELEASE:

I GIVE CONSENT FOR AMC TO USE PHOTOS OF MY ANIMAL FOR THE PURPOSES OF MARKETING

SIGNATURE: _____

How much information do you want to be given about your pet's health?

- ___ I want a full explanation- anything and everything
- ___ I want a brief explanation-just the important stuff
- ___ I just want to know if there's anything I need to do- keep it simple