

FORM MUST BE COMPLETED IN FULL

Follow up Data entered \_\_\_ in chart \_\_\_ in F/up

Owner's Name \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_ Work phone # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Referred by (circle one): Winona Daily News Winona Post Friend (please list) \_\_\_\_\_  
Yellow Pages Radio Other (please list) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Sex (please circle): Female Spayed Male Neutered  
Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Vaccination History: vaccinations and dates given \_\_\_\_\_

Clinic/Hospital Name \_\_\_\_\_

Payment is required on the same day services are rendered. Credit is available through MasterCard, Visa, American Express and Discover. Checks must be accompanied by a valid current picture identification card. No third party checks will be accepted. Accounts over 30 days past due will be charged a 1.5% service charge per month (18% APR). Returned checks will result in a \$30 charge. All pets housed in the hospital must be current on Rabies and Distemper vaccinations. Dogs boarding at the hospital also must be current on the Bordetella vaccine. Any pet that requires medical treatment while hospitalized will be treated at the discretion of the staff of Pet Medical Center at the owner's expense.

Payment Method (please circle one) Cash Check MasterCard Visa American Express Discover

Today's Date \_\_\_\_\_ Signature of Owner or Authorized Agent  
\_\_\_\_\_

Office Use If check is presented I/D: Driver's License State I/D Univ. I/D SS Card (Requires a photo I/D also)