



Have you been here before? Yes No

How did you hear about us? _____

Owner Information

Owner Name: _____ Client Number: _____

Co-Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Drivers License #: _____ State of Issue: _____

Social Security #: _____ Date of Birth: _____

Patient Information

Patient Name: _____ Patient Number: _____

Species: _____ Breed: _____ Color: _____

Select One: Male Intact Female Intact Male Neuter Female Spay

Date of Birth/Age: _____ Weight: _____

Who is Your Regular Veterinarian:

What is the purpose of your pet's visit:

PLACE LABEL HERE

Financial Information

Person financially responsible (if not owner listed above): _____

Relationship to Owner: _____ Home Phone: _____

Cell Phone: _____ Date of Birth: _____

Driver's License & State of Issue: _____ Social Security #: _____

Permission to Use Pictures

I Give I Do Not Give IndyVet and its staff permission to post pictures of my pet on the IndyVet website, Facebook, or anywhere an IndyVet activity or event is being promoted or communicated. I understand that only his/her first name will be used on any posting. Pets will not be "tagged" in Facebook pictures; owners must "tag" themselves if they wish to be tagged in the picture.

Today's initial exam fee is: \$ _____

Please indicate your preferred method of payment today: Credit/Debit Card Care Credit Check Cash

I assume responsibility for all charges and understand all balances are to be paid in full upon release of my pet. I acknowledge that any account balance not paid in full shall bear interest at the rate of 1.5% per month (18% annually) until paid in full. If collection efforts are necessary I hereby agree to pay all costs of collection, including but not limited to, court costs and reasonable attorney fees.

Client Signature: _____ Date: _____ Employee Initials: _____