

# Welcome To Meridian Animal Clinic!! 2016

Thank you for giving us the opportunity to care for your pet. Please take a few minutes to share some important information that we will need as we care for your pet today and in the future.

**PLEASE PRINT IN ALL SPACES.**

## YOUR INFORMATION

NAME \_\_\_\_\_ Male/Female Dr./Mr./Mrs./Ms.  
Last First Middle Initial (Circle One) (Circle One)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

YOUR EMERGENCY NUMBER: Home/Cell/Work Email Address \_\_\_\_\_ @ \_\_\_\_\_  
(Circle One)

Preferred Method of Notifications for Reminders: Postcard \_\_\_\_\_ Email \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ Relation \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Clinic Policy: **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We will gladly prepare a written estimate for you upon request. Please ask the receptionist, assistant, or doctor to prepare an estimate for you. Also, to prevent the spread of infectious disease and parasites, all hospitalized and boarded pets must be current on all vaccines and free from internal and external parasites. If a pet is found to be in need of any of these services, we will perform them at your expense to ensure the health of your pet and other pets under our care in the clinic. We accept payments in the form of Cash, Check, Debit, Master Card, Visa, Discover, American Express, and Care Credit. There will be a \$40 service charge for any check returned unpaid.

**Your signature below authorizes this level of preventative care and the appropriate charges.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about Meridian Animal Clinic? Sign Outside \_\_\_\_ Yellow Pages \_\_\_\_

Another Client \_\_\_\_ Whom do we thank? \_\_\_\_\_ Other \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Dog/Cat/Other \_\_\_\_\_ Breed \_\_\_\_\_

Pet's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ or Estimated Age \_\_\_\_\_ Male/Female Neutered/Spayed  
(Circle One) (Circle One)

Color \_\_\_\_\_ Microchip ID \_\_\_\_\_ Date of Last Vaccinations \_\_\_\_/\_\_\_\_/\_\_\_\_

Which Vaccinations \_\_\_\_\_ Who Gave the Vaccinations? \_\_\_\_\_

Medical Condition(s) or other Important Information about your pet: \_\_\_\_\_

What do you use for: Flea/Tick Prevention? \_\_\_\_\_ Heartworm Prevention? \_\_\_\_\_

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