



**THE VET IN SPRINGBORO, INC.
ADMISSION FORM**

First Name: _____ Last Name: _____

Driver's License Number: _____

Place of Employment: _____

Home Address: _____

City/State/ _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____

Mobile/Alternate Phone _____ E-Mail (1) _____

Spouse/Co-Owner Name: _____

How did you hear about us? (Please circle all that apply)

Drive-by Internet Brochure Phonebook Springboro Greeting Service Coupon

Client: _____ Other: _____

Please provide their name so we may thank them.

Social media/Photo/facebook release: I give permission for use of photos and information for social media (please circle) Yes, please include us! No, I would rather not.

Patient Information:

Pet's Name: _____ Age: _____ Birthdate: _____

Canine or Feline or Other Breed (if any): _____ Color: _____

(Please circle) Male or Female Spayed/Neutered? Yes or No

Last veterinary visit: _____ Reason: _____

List any serious illnesses or surgery: _____

List any allergies to vaccinations or medications: _____

Is your pet on any special medications or diets? _____

FINANCIAL POLICY: We honor Visa, MasterCard, Discover, cash and personal checks with a valid Driver's License. Returned checks will be assessed a fee of \$30.00. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.** Any unpaid balance will be subject to finance charges or a monthly \$5.00 billing fee. Accounts that are over 90 days past due from the date of service will be turned over to a collection agency.

AUTHORIZATION FOR TREATMENT: I hereby authorize the veterinarian or any employee instructed by the veterinarian to examine, prescribe or treat the above-described animal. I understand that all professional fees are due at the time of service. I have read and understand the financial policy.

Signature of responsible party

Date