

# Amite Veterinary Services, LLC

## Client Information

Date \_\_\_\_\_ Name \_\_\_\_\_ Mr. Mrs. Ms.  
Other \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Significant Others Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
If provided this will be for Amite Veterinary Services use only! (Reminders, Specials, etc.)  
Do you accept text messages? YES NO (We will only use this method for updates when your pet is at the clinic getting services.)  
Besides yourself, in case of emergency, who should we contact? \_\_\_\_\_ Phone \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ Sex: M Neutered  
Unknown F Spayed

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Species: Avian Canine Caprine Feline Porcine Rodent  
Special Breed Warnings: \_\_\_\_\_  
Chronic or Congenital conditions: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
**Describe the reason for your pet's visit** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Policy

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or you may ask about financing available through CARE CREDIT!

Signature of Client Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

I will be paying with: \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Visa/MasterCard/Amex/Discover \_\_\_\_\_ Care Credit (if applicable)

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