

**Veterinary Medical Care, LLC**  
**Specialist in Medical Diseases of Dogs and Cats**

**Patient and Owner Information**

**Patient**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender:        Male        Female

Age: \_\_\_\_\_

Species:        Canine        Feline

Color: \_\_\_\_\_

Spayed or Neutered?    Yes    No

Date of Birth: \_\_\_\_\_

Is your dog/cat up to date on vaccines?        Yes    No        Date: \_\_\_\_\_

Is your dog/cat on Heartworm Prevention?        Yes    No        Date: \_\_\_\_\_

Is your dog/cat on Flea Control?        Yes    No        Date: \_\_\_\_\_

Is your cat Feline AIDS negative?        Yes    No        Date: \_\_\_\_\_

Is your dog/cat.....?        Indoor        Outdoor        Both

Is your pet on any medications? Please List: \_\_\_\_\_

Does your pet have any previous medical/surgical problems? Please List: \_\_\_\_\_

**Owner**

Name:

Address:

City:

Zip Code:

Home Phone:

State:

Cellular Phone:

Work Phone:

E-Mail Address:

Occupation:

Pet's Family Doctor (Referring Veterinarian):

**Payment Policy**

At Veterinary Medical Care, LLC you will be provided with an estimate of fees following the initial history taking and physical examination of your pet. Payment of all fees will be due when your pet is discharged. For payment we accept cash, check, Visa and Mastercard. If these payments options pose a problem, please notify the receptionist at the front desk to discuss other payment arrangements prior to appointment. If your balance is paid by check then you authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees in the event the check is returned for non-sufficient funds. If you balance is not paid in full, you authorize responsibility for all collection/court fees that may accumulate after 90 days of non-payment. By signing below you understand the above policy and accept financial responsibility.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date