



7777 Bent Mountain Road Roanoke, VA 24018 (540) 776-0700 Fax (540) 776-0770

Payment is due at the time services are rendered. What will be your method of payment?

Cash _____ **Check** _____ **Visa** _____ **MasterCard** _____ **Care Credit** _____

Please provide us with the following information about your pet:

Name of Pet _____ Species _____ Breed _____ Microchip# _____

Sex _____ Altered? Yes _____ No _____ Color _____ Birth Date _____

Previous Veterinarian _____ Date of last visit _____

Food Type _____ Any medications _____

Is Pet on Heartworm Prevention _____ If yes, what type _____ Date of last dose _____

Total # of Pets in household _____ Dogs _____ Cats _____ Birds _____ Ferrets _____ Other _____

Does your Pet have, or have they ever had problems with the following: (Please check all that apply)

- _____ Diarrhea
- _____ Coughing
- _____ Exercise Intolerance
- _____ Behavior Problems
- _____ Limping/Difficulty Walking
- _____ Respiratory Problems
- _____ Rash
- _____ Lethargy
- _____ Sneezing
- _____ Urinary Problems
- _____ Itching
- _____ Dental Problems
- _____ Heart Problems

Is your Pet experiencing any of the above problems, or any other type of problems now? _____

If yes, please give a brief description: _____

Owner Information: How did you hear about us? _____

Your Name _____ Address _____ Zipcode _____

Dr. License# _____ Email _____

(Must have for check payment)

Phone# Work _____ Home _____ Cell _____

Alternative emergency number _____

Is there an alternate name you would like on the account? _____

(Someone else who may pick-up or make decisions for your Pet)