

## Welcome to Thompson Animal Medical Center!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information that we will need, as we support your pet's needs today and in the future.  
**PLEASE PRINT IN ALL SPACES.**

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ OWNER'S DATE OF BIRTH \_\_\_\_\_

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

CHILDREN & VISITORS NAMES \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY NAME & NUMBER \_\_\_\_\_

We will gladly prepare a written estimate (please ask doctor or receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, **we accept MasterCard, Visa, American Express, Discover, and Care Credit.** There will be a \$25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed on the discharge invoice.

**Do we have permission to use photographs, radiographs, ultrasound images, audio or video of your pet(s) in clinic educational displays such as brochures, website pages, social media pages or educational presentations?** **YES**  **NO**  \*If yes, I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the display/release of this information.

**Signature of Responsible Agent for Pet(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ESSENTIAL PET INFORMATION

| Cat | Dog | Other | Pet's Name | Date of Birth | Sex | Spayed or Neutered | Description/<br>Breed |
|-----|-----|-------|------------|---------------|-----|--------------------|-----------------------|
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