

Welcome to Amazia Veterinary Service

Dr. Scot Lubbers- Dr. Wendy Welsh- Dr. Megan Wickersham

"Caring people, caring for your pet."

Thank you for giving us the opportunity to care for your pet(s). Please help us to better meet your needs by taking a moment to share important information we will need as we support your pet's health care today and in the future.

PLEASE PRINT IN ALL SPACES.

CLIENT INFORMATION

Name:	Date:
Spouse:	Mailing Address:
Home Phone#:	City, State, Zip:
Cell Phone#:	Physical Address:
Emergency Phone#:	City, State, Zip:
Spouse's Phone#:	Email Address:

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

How were you referred to our clinic?

Sign___ Yellow Pages___ Friend___ Internet___ Other___

Whom may we thank for referring you to our clinic? _____

We will gladly prepare a written estimate for our services upon request. In cases of extensive medical or surgical procedures, when payment in full may be difficult at discharge, we take Visa, Mastercard, Discover, and American Express. There will be a \$30.00 charge for any check returned unpaid.

To prevent spread of infectious disease, all hospitalized 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 charge will be assessed in the discharge notice.

ESSENTIAL PET INFORMATION

Name	Species (dog/cat?)	Age	Gender	Spayed or Neutered (Circle One)	Description or Breed (color?)
				Y/N	
				Y/N	
				Y/N	

Any previous serious illnesses or surgeries?
Any Allergies to vaccinations or medications?
Is your pet on any special diets or medications?
Signature of responsible agent for pet(s):