

Welcome To Carolinas Veterinary Medical Hospital



CLIENT'S NAME _____ SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ CELL # _____ SPOUSE'S CELL # _____

WORK PHONE # _____ PLACE OF EMPLOYMENT _____

E-MAIL ADDRESS _____

*(Not to worry, your email is kept **confidential** ☺ If provided, you will be able to log-on to your **Pet Portal** which enables you to request appointments, boarding, refill medications and keep updated on your pet's vaccine history. You will also have access to our **online pharmacy** to order medications & food that can be home delivered!)*



*I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I understand that all charges are to be **paid at the time services are rendered**. I also understand that a deposit may be required for medical treatment or surgery.*

SIGNATURE OF OWNER _____ DATE _____

How Did You Hear About Us? Drove By Angies List Google Yelp
 Care Credit Website Client Recommendation _____

What Do You Regularly Use? I have a Yelp Account I have a Google Account

I hereby authorize my pet(s) picture to be featured in CVMH promotional material, such as: CVMH's Facebook page & other promotional hospital materials Yes No

Please fill out the back page →

Welcome To

Carolinas Veterinary Medical Hospital



	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Female or Male			
Spayed or Neutered?			
Last known date of vaccinations?			
Previous history of serious illnesses or surgeries?			
List any allergies to vaccinations or medications:			
Is your pet on a special diet or medications?			
Anything significant you would like us to know about your pet(s)? Ex: Fear, Aggression, Afraid of Thunderstorms, Therapy Dog			

Do you currently have Pet Insurance? Yes No

Insurance provider name? _____

Would you like to be present during treatment of your pet(s)? Yes No