

# Welcome to East Hilliard Veterinary Services



Thank you for choosing East Hilliard Veterinary Services. We appreciate you entrusting your pet's care to us. Please help us to better serve your pet's needs today and in the future by taking a moment to share some important information with us. Thank you.

**Owner** – this will be our primary contact.

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

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #1 ( ) \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

Email: \_\_\_\_\_ (for Doctor and Staff use only)

Would you like a Pet Portal? \_\_\_\_\_ Now you can go to our website, login and check when your pet's vaccines are due. You can even receive email reminders for appointments, medications, annual exams and much more. Sign up today for free! Ask the receptionist for details.

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

Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Do you have a pet insurance form for us to fill out or keep on file? \_\_\_\_\_

**Secondary Owner/Spouse/Emergency Contact (please circle)**

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

Phone #1: ( ) \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work Phone# \_\_\_\_\_

How did you learn of our services?

Angie's List \_\_\_\_\_ Yellow Pages.com \_\_\_\_\_ Website \_\_\_\_\_ Welcome Letter \_\_\_\_\_ Sign \_\_\_\_\_

Referred by: Friend (Name): \_\_\_\_\_

Referring Veterinary Service \_\_\_\_\_ Doctor \_\_\_\_\_

Name	Sex	Spayed or Neutered	Date of Birth	Breed	Color

We will gladly prepare a written estimate if you desire (please ask a staff member). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept MasterCard, Visa, Discover, or Care Credit as means of credit. There will be a \$30.00 service charge for any check returned unpaid.