

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 |
|------|-----|--------------------|---------------|-------|-------|
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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.