

# Welcome to Castle Peak Veterinary Service

## Owner's information:

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

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell #:( ) \_\_\_\_\_ - \_\_\_\_\_ Work #:( ) \_\_\_\_\_ - \_\_\_\_\_

Drivers License #: \_\_\_\_\_

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

## Referred To Castle Peak Veterinary By:

Newspaper  Yellow Pages Ad

Internet Search  Facebook

Friend \_\_\_\_\_ (we like to thank our referring clients)

## Pet's Information:

Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Neutered: \_\_\_\_ Female: \_\_\_\_ Spayed: \_\_\_\_

Color/Markings: \_\_\_\_\_

Vaccination History: Rabies Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bordatella Given \_\_\_\_/\_\_\_\_/\_\_\_\_

Feline Leukemia Given \_\_\_\_/\_\_\_\_/\_\_\_\_ Feline Distemper Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of clinic where vaccinations were given: \_\_\_\_\_

## 2nd Pet's Information:

Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Male Neutered: \_\_\_\_ Female: \_\_\_\_ Female Spayed: \_\_\_\_

Color/Markings: \_\_\_\_\_

Vaccination History: Rabies Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bordatella Given \_\_\_\_/\_\_\_\_/\_\_\_\_

Feline Leukemia Given \_\_\_\_/\_\_\_\_/\_\_\_\_ Feline Distemper Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of clinic where vaccinations were given: \_\_\_\_\_

I authorize treatment of the above named pet(s) and agree to pay all charges for treatment. I acknowledge and understand that I am financially responsible for all services provided to my pet(s). Payment is expected when services are rendered, unless prior arrangements are made. I also understand that there will be a \$2.00 service charge and a 2% billing fee for accounts extended beyond 30 days.

\_\_\_\_\_

Owners' Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

## For future contact:

How would you like to be contacted for vaccination reminders, special events, etc.?

E-mail \_\_\_\_\_ or U.S. Mail \_\_\_\_\_?