

WELCOME TO MYRES ANIMAL HOSPITAL

It is our privilege & honor that you have chosen us for the care of your pet!

Please Circle One: New Client Current Client w/ New Pet Updating Info

How were you referred to our practice: (Please circle one)

Internet Newspaper Location Sign out front Word of Mouth

Client If a client, who was the reference from? _____

Owner(s) Name(s): _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Email: _____

Phone Names & Number: _____

Employer Name & Phone Number: _____

*Methods of payments we accept are: Cash, Check, Care Credit, Debit / Credit Card

*Debit & Credit cards have a custom fee charged by our debit / credit processing service.

*Fees are to be paid at the time of service &/or can require pre-payment.

Pet Name: _____ Breed: _____

DOB: _____ Color: _____

Please circle the sex of your pet: MALE NEUTERED MALE FEMALE SPAYED FEMALE

Name & Veterinary office pet last seen: _____ Phone #: _____

List dates given: RABIES _____ *Was this the 1st Rabies your pet has had: YES or NO

DOG: DHLPP _____ UPPER RESPIRATORY NASAL / BORDETELLA _____
K9 INFLUENZA _____ LYME _____ FECAL _____ HTW TEST _____

CAT: FVRCP _____ FELV _____ FECAL _____
FELV TEST DATE & RESULT _____
FIV TEST DATE & RESULT _____

Is your pet on heartworm prevention? YES or NO

Is your pet allergic to anything? YES or NO If yes, please list: _____

Is your pet on any medications? YES or NO If yes, please list: _____

Someone to contact in case of emergency other than yourself. Please list names & phone numbers clearly: _____

Signature of person or owner presenting this pet for treatment: _____

By signing above you are permitted by the owner of the pet to approve medical treatment and are aware that you are responsible for payment of medical expenses for this pet.