



622 McKinley Street in Great Bend, KS 67530
AND 315 Santa Fe in Ellinwood, KS 67526
Great Bend, Ks. 67530
620-792-1265

DATE _____ CLIENT ID# _____
NAME _____ SOCIAL SECURITY# _____
ADDRESS _____ CITY, STATE, ZIP _____
CELL PHONE# _____ HOME TELEPHONE# _____
EMPLOYER _____ WORK# _____

NAME OF SPOUSE _____ SOCIAL SECURITY# _____
PLACE OF EMPLOYMENT _____
CELL PHONE# _____ WORK # _____

E-MAIL: _____

NAME OF NEAREST RELATIVE, IN CASE OF EMERGENCY:
_____ TELEPHONE# _____

PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES ARE RENDERED.

I PLAN TO PAY BY:

CASH _____ CHECK _____ VISA _____

MASTERCARD _____ CARECREDIT _____ OTHER _____

CREDIT TERMS ON ACCOUNTS ARE ONLY AVAILABLE ONLY UPON PRIOR CREDIT APPROVAL.

HOW DID YOU FIRST HEAR OF OUR HOSPITAL?

_____ REFERRAL, SOMEONE WE MAY THANK? _____
_____ Yellow Pages _____ Clinic Sign _____ Facebook _____ Google Result
_____ Digital Billboard _____ Radio Ads _____ Mobile App Other _____

	<i>Pet 1</i>	<i>Pet 2</i>	<i>Pet 3</i>	<i>Pet 4</i>	<i>Pet 5</i>
Name					
Species					
Breed					
Description					
Age (Years)					
Date of Birth					
Sex (M, F)					
Spayed or Neutered					
Length of Time Owned					
Diet (Kind of Food)					
Distemper					
Parvo					
Rabies`					
Bordetella					
Feline Leukemia					
Other Vaccines					
Heartworm Test					
Heartworm Prevention					
Feline Leuk/FIV Test					
Fecal Exam					
Prior Illness					
Prior Surgeries					

AUTHORIZATION FOR TREATMENT:

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED, BOARDED AND GROOMING ANIMALS, MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE VETERINARIAN TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET.

I, THE OWNER (OR AGENT FOR OWNER), AUTHORIZE ANIMAL MEDICAL CENTER TO PERFORM SUCH MEDICAL AND /OR SURGICAL PROCEDURES, DEEMED NECESSARY AT THE DISCRETION OF THE ATTENDING VETERINARIAN THAT ARE REQUIRED FOR DIAGNOSIS AND/OR TREATMENT OF SAID ANIMAL.

I ALSO UNDERSTAND THAT THE OWNER AND/OR AGENT FOR OWNER IS FINANCIALLY RESPONSIBLE TO ANIMAL MEDICAL CENTER FOR ALL APPLICABLE CHARGES. FINANCE CHARGES OF ONE & HALF PERCENT PER MONTH, AN ANNUAL PERCENTAGE RATE OF 18% WILL BE ASSESSED UPON ALL INVOICES NOT PAID BY THE 10TH OF THE MONTH FOLLOWING PURCHASES AND/OR ON SERVICES PERFORMED.

PHOTO RELEASE:

I GIVE CONSENT FOR AMC TO USE PHOTOS OF MY ANIMAL FOR THE PURPOSES OF MARKETING

SIGNATURE: _____

How much information do you want to be given about your pet's health?

- ___ I want a full explanation- anything and everything
- ___ I want a brief explanation-just the important stuff
- ___ I just want to know if there's anything I need to do- keep it simple