



Collierville
ANIMAL CLINIC
& SURGERY CENTER
 Boarding & Grooming

Thank you for selecting Collierville Animal Clinic. We welcome the opportunity to provide the best care possible for your pets. Please help us to become better acquainted by completing the following:

Your Name _____ Spouse's First Name _____
 Address _____
 City, State, Zip _____ Phone _____
 Driver's License # _____ State _____ Social Security # _____
 Place of Employment _____ Phone _____
 Spouse's Employment _____ Phone _____
 Email address: _____
 (Email used for: Newsletters, Reminders, Special Events. Emails will not be sold or shared with 3rd parties)

Please visit our website and register to access to the "Members Only" area.
www.colliervilleanimal.com

How did you become aware of our hospital?

Personal Recommendation - Whom may we thank? _____
 Clinic Sign Welcoming Service Puppy Corral Yellow Pages Other: _____

Our financial policy: All fees are due at the time services are rendered. Please indicate your choice of payment for today's visit:

Cash/Check Visa / Mastercard / Discover CareCredit*

*For our clients who want the convenience of extended payments, we offer the CareCredit credit card. If you desire, you can pay today's charges with CareCredit (subject to credit approval by CareCredit). Please see a receptionist for further details and a brochure

PATIENT INFORMATION	Pet 1	Pet 2	Pet 3
Pet's Name			
Species: cat, dog, etc.			
Date of Birth			
Breed			
Color			
Sex: Spayed or Neutered?			
Any drug or vaccine allergies?			
On any special diets or medications?			
<i>Date of last vaccinations: (Please provide Medical Records if Possible)</i>			
Rabies (1yr or 3 yr vaccine?)			
Distemper / Parvo (Dog)			
Bordatella (Dog)			
FE-FRT (Cat)			
Leukemia (Cat)			
Other			

Client Signature _____ Today's Date: _____