

DYER ANIMAL CLINIC

www.dyeranimalclinic.com

The Staff at Dyer Animal Clinic welcomes you and your pet.

Fax us your completed form to: 219-865-8892, or bring it with you to your appointment.

Client Information:

Preferred Doctor: _____

Name (Dr., Mrs., Mr., Ms.) _____

Last

First

Spouse's Name

Address _____

Street

City

Zip

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Spouse Cell Phone#: _____

E-Mail Address _____ Referred By: _____

Patient Information:

Name _____ Sex: (check one) Female Male
Female/Spayed Male/Neutered

Birthday: _____ Allergies? _____

Species: Dog Cat Breed _____ Color _____

Dates of Last Vaccines/Tests:

Dog: Rabies _____ Distemper/Parvovirus _____ Heartworm Test _____ Fecal Test _____
Corona _____ Bordetella _____ Lyme _____ Leptosporosis _____

Cat: Rabies _____ Distemper (FVRCP) _____ Leukemia _____ Fecal Test _____

Does your cat go outside? _____ What do you feed your pet? _____

Please list your pet's current medication(s): _____

Has your pet had any surgeries or dentistry? (Please list dates) _____

What other pets do you have at home? _____

Authorized Persons for pet's treatment decisions: (Please name all that apply)

Owner of Pet: _____

Spouse/Partner: _____ Pet Sitter/Groomer: _____

Housekeeper: _____ Children over 18 years old: _____

Signature: _____ Date: _____

Payment for services are due at time of visit.

For your convenience, we accept CareCredit, cash, checks, visa, mastercard, discover, and amex. Any unpaid balances are subject to a 1 1/3% monthly interest fee plus collection charges, which may be based on a percentage at a maximum of 33% of the debt, and all costs, expenses, and attorneys' fees we incur in such collection efforts.