



*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](http://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

| <b>PATIENT INFORMATION</b>  | <b>Pet 1</b> | <b>Pet 2</b> | <b>Pet 3</b> |
|---|--------------|--------------|--------------|
| 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?  |              |              |              |
| <b><i>Date of last vaccinations: (Please provide Medical Records if Possible)</i></b> |              |              |              |
| Rabies (1yr or 3 yr vaccine?)   |              |              |              |
| Distemper / Parvo (Dog)   |              |              |              |
| Bordatella (Dog)  |              |              |              |
| FE-FRT (Cat)  |              |              |              |
| Leukemia (Cat)  |              |              |              |
| Other   |              |              |              |

Client Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_