



For Office Use Only	
NC crd:	<input type="checkbox"/> ____/____/____
Rfr crd:	<input type="checkbox"/> ____/____/____
AVImrk updt:	____/____/____
Client ID:	_____

Rev 11/11

Date: \_\_\_\_\_

*Thank you for allowing The Carolinas Animal Hospital & Dental Clinic to care for your pet (s).  
So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ Title:  Mrs.  Ms.  Mr.  Dr. Spouse: \_\_\_\_\_ Title:  Mrs.  Ms.  Mr.  Dr.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

Additional Phone #'s (Mobile, Fax): \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Please indicate choice of payment:  Cash/Check  Visa/MasterCard  Amex  Discover  Debit  Care Credit

How did you become aware of our clinic?  Sign  Previous Client Here  Internet (Which Site): \_\_\_\_\_

Personal Recommendation (Whom may we thank?): \_\_\_\_\_

Veterinary Referral: Dr. \_\_\_\_\_ Clinic: \_\_\_\_\_

I give CAHDC permission to use pictures of my pet for social media/ marketing. YES  NO

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Date of Birth				
Color				
Sex: Spay / Neutered?				
Previous Illnesses?				
Previous Surgeries?				
Allergies to Medications?				
Diet Fed				
Pet Insurance Company				
Any Additional Information?				

Signature: \_\_\_\_\_

**WE DO NOT BILL. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**