



PRINCETON VETERINARY CLINIC

INFORMATION ABOUT YOU

Owner's Name: _____ Spouse/Partner _____
 Address: _____ City/St./Zip _____
 Home phone: _____ Cell phone: _____
 Work phone: _____ Spouse/Partner phone: _____
 Employer: _____ Spouse/Partner employer _____
 Email address:(we do NOT give out) _____
 Senior Citizen:(65 and over) Yes _____ No _____ (10% off on services only)
 Do you prefer appt reminders by: Text _____ Email _____ Phone _____

INFORMATION ABOUT YOUR PET(S)

1. Pet's name: _____ Dog or cat (circle) _____
 Breed: _____ Color: _____ Sex: _____ D.O.B. _____
 Spayed or neutered (circle) Is your pet microchipped? _____
 When was your pet last vaccinated? (approximate date) ____/____/____.
 Dog: Rabies ____/____/____ Dhp-parvo ____/____/____ Bordetella ____/____/____
 Heartworm test ____/____/____ Heartworm prevention? _____

Cat: Rabies ____/____/____ FVRCP ____/____/____ Leukemia ____/____/____
 2. Pet's name: _____ Dog or cat (circle) _____
 Breed: _____ Color: _____ Sex: _____ D.O.B. _____
 Spayed or neutered (circle) Is your pet microchipped? _____
 When was your pet last vaccinated? (approximate date) ____/____/____:
 Dog: Rabies ____/____/____ Dhp-parvo ____/____/____ Bordetella ____/____/____
 Heartworm test ____/____/____ Heartworm prevention? _____

How Did You Become Aware Of Our Clinic?

Sign _____ Yellow Pages _____ Web Page _____ Individual who we may thank? _____

Payment Policy

Professional fees are to be paid at the time services are rendered. We DO NOT carry open accounts and hope these alternatives are convenient for you: Cash, check, VISA, MASTERCARD, and DISCOVER. Please inquire about estimates/fees for your visit. A deposit may be required.

Signature _____ print name _____ date _____

