

Welcome to our office

Dr. Edie Best
Dr. Heidi Stricker
Dr. Jean Allbright
Dr. Letha Stimpson



Thank you for giving us the opportunity to care for your pet.
We'll be happy to answer any questions you have about your pet's health.
To insure the best care possible, please take the time to fill out this form completely. Thank You!

Owner Last Name First Name Middle Initial Spouse
Address City State Zip
Home Phone Work Phone Cell Phone
Date of Birth SS# DL#
Place of Employment Spouse's Place of Employment
Spouse's Cell Phone Spouse's Work Phone
Emergency Contact for the care of your pet Phone

Whom may we thank your visit today?

Pet's Name Dog Cat Other
Breed Color Age or D.O.B
Male Female Spayed Neutered
Date of Last Vaccination - Rabies Distemper Bordetella Feline Leukemia
(Pet information section repeated twice)

Reason for visit?
Is your pet currently on any special food or medication? No Yes If so, what?
Is your pet allergic to any medication or vaccination? No Yes If so, what?
Any prior illness or injury we should know about? No Yes If so, explain
Would you like to receive our online newsletter? No Yes Email address

I agree to be responsible for authorizing procedures and/or paying for services
SIGNATURE
All fees are due upon release of patient. Please indicate your choice of payment:
Cash Check (driver's license required) Visa/ Master Card/ Discover/ American Express