

Catawba Animal Clinic

2241 India Hook Road
Rock Hill, SC 29732
803-366-8188

Individual Financially Responsible for Pet(s) **Please Print**

(Must be 18 years of age)

First Name:	Last Name:
Spouse First Name:	Spouse Last Name:
Address 1:	Address 2:
City: State: Zip:	Home #:
Cell #:	E-mail:
Spouse Cell #:	
How did you hear about us?:	
Other authorized individuals who may bring in pet:	

PET INFORMATION

Pets' Name	Feline/Canine	Breed	M/F	Spayed/Neutered?	Color	DOB
				Y N		
				Y N		
				Y N		
				Y N		

Any serious injuries or surgeries?
Any allergies to vaccinations or medications?
Is your pet on special diets or medications?
Have we seen previous pets of yours?

PAYMENT OPTIONS

Our mission is to deliver the finest, most cost-effective health care for your pet. Following diagnosis, the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the cost of today's and future treatments.

Payment for today's visit and your future visits are due at the time of treatment and may be made with cash, check or credit card. We are sensitive to the fact that urgent veterinary medical care can be an unexpected expense. Care Credit offers an interest free option for amounts over \$200.00. You must be pre-approved prior to your scheduled appointment. Please visit Carecredit.com to apply.

Signature of Responsible Party: _____ Date: _____