WELCOME TO SOUTHSIDE ANIMAL CARE

"WE CARE FOR YOUR PETS"

Are you a: ☐ New Client or ☐ Current Client ☐ Address Change?

Name _____ Address _____.

City _____ State _____ Zip code _____.

Phone Numbers: Home _____ Work _____ Cell _____.

Email address: _____ @ _____.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. HOW WOULD YOU LIKE TO PAY TODAY?

☐ CASH ☐ CHECK WITH PROPER ID's
☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

☐ "CARE CREDIT" ** (WE WILL BE HAPPY TO APPLY FOR YOU)

Would you like an estimate today? ☐ Yes ☐ No

NEW PET INFORMATION

Name: _____ Age or DOB: _____.

Breed: _____ Color: _____.

Sex: _____ Neutered/Spayed: ☐ Yes ☐ No.

Do you have an appointment? ☐ Yes ☐ No

If No, do you have a doctor preference? ☐ No ☐ Yes – Who ? _____.

For future use: Do we have your permission to release medical records on this pet for use by another party? That might include transfer of records to another animal hospital, to an animal specialist, or a Veterinary teaching hospital, etc.
☐ Yes ☐ No Sign: _____

** "Care Credit" has plans available for all of your Veterinary needs. Applying is EASY