



Welcome to **Meadow View Veterinary Clinic!**

Thank you for giving us the opportunity to care for your pet(s).
Please take the time to fill out this form as completely as possible.

First Name: _____ Last Name: _____

Spouse/Other: _____ Relationship (if not spouse): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Employer: _____ Business Phone: _____

Driver's License # (if paying by check): _____ State: _____

How did you hear about us?

- Paper Ad Promotion Emergency Clinic Sign/Walk-in Yellow Pages Website
- Friend / Employee / Relative, Whom may we thank?
- Other

Emergency Contact: _____ Phone: _____

Are you a Leashes and Leads Club Member? Yes No If yes, are you: Silver Gold Platinum

If Referral Appointment:

Referring Clinic Name, City: _____ Veterinarian: _____

Pet's Name	Species	Breed	Color	Date of Birth or Estimated Age	Sex (M/F)	Spay/Neutered (Y/N)

Please check one:

- Previous records provided.
- I will contact my previous veterinary clinic to request that records be faxed to 507-424-2133.
- Please contact _____ (name and phone number of previous clinic) to request records for my pets.
- No previous veterinary care history is available for my pet(s).

I hereby authorize the veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred and understand that payment is **DUE AT THE TIME OF SERVICE**. For your convenience, we accept VISA, MasterCard, Discover, Care Credit, cash or check (with valid identification listed above).

Signature: _____ Date: _____