



No Hidden Price Policy
262-505-6486
4577 N 124th St
Butler, WI 53007

Client Information

Authorized Owner: _____ Spouse: _____
Address: _____ Home Phone: (_____) - _____ Cell
Phone: (_____) - _____ - _____

Email: _____

How did you hear about us? _____

Patient Information

New Patient Name: _____ Dog: ___ Cat: ___
Breed: _____ DOB: _____ Age: _____
Color: _____ Sex: M / F Spayed: Y / N Neutered: Y / N

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Breed: _____ DOB: _____ Age: _____
Color: _____ Sex: M / F Spayed: Y / N Neutered: Y / N

Please provide your previous Veterinarian's contact information so we can have your pet's medical records faxed to us, i.e., vaccine history, Heartworm testing, etc.

Name: _____ Phone: (_____) - _____ - _____

I authorize the release of my pet's medical records and will assume responsibility for all fees incurred:

(Signature & Date) _____

Note: All professional fees are due at the time services are rendered. Monies owed for services not paid at the time services are rendered are subject to billing fees and interest.