



Welcome to Festival Veterinary Clinic Where We Celebrate the Pets in Our Lives!

About You:

Your Name _____ Co-Owner's Name _____

Mailing Address _____

Street _____ City _____ State _____ Zip _____
Phone (H) _____ (W): _____ (Cell): _____ (Emergency) _____

How did you hear about our hospital?: Phonebook Sign Ad Friend/Relative

About Your Pet:

Name _____ Sex: Spayed female Female Neutered Male Male

Species: cat dog avian other: _____ Breed: _____ Date of Birth: _____

Color: _____ Previous Veterinarian: _____

If you have your Pet's medical records with you, we will make a copy, otherwise fill in this section

Vaccination History – Please provide the date of last vaccination

For Dogs: Rabies _____ Distemper _____ Bordella (Kennel Cough) _____ Lyme _____

Is your dog on heartworm preventative now? All year Half Year No

For Cats: Rabies: _____ Distemper: _____ Feline Leukemia _____ FIP _____

Has your cat been tested for feline leukemia? Yes No Tested for FIV? Yes No

Financial Policy:

- Payment for services is expected at the time of visit. We accept cash, checks, VISA, MC, Discover, American Express and Care Credit.
- There is a \$35.00 returned check fee. ****Our bank will electronically debit your account****
- Please give us at least 12 hours notice if you are unable to keep your appointment. A missed appointment fee of \$27.75 will be applied to your account if you fail to notify us of appointment cancellation.
- It is agreed that there will be a \$5.00 monthly billing fee on any unpaid balance and a collection fee of up to 50% of any unpaid balance after 90 days,

Thank you for choosing Festival Veterinary Hospital for all your Veterinary needs!

Signature _____ Date: _____

