

**CASPER ANIMAL MEDICAL CENTER
ANIMAL INFORMATION**

PLEASE FILL IN THE INFORMATION YOU CAN ABOUT THE ANIMALS WE ARE MEETING

ANIMAL # 1

NAME: _____

DOG _____ CAT _____ HORSE _____ OTHER _____

MALE _____ FEMALE _____

CASTRATED/NEUTERED _____ SPAYED _____

BREED _____

COLOR _____

AGE AT THIS DATE _____

DATE OF BIRTH (IF KNOWN) _____

DATE OF LAST VACC &/ DEWORMING _____

DATE OF LAST RABIES VACC. _____

Animal # 2

NAME : _____

DOG _____ CAT _____ HORSE _____ OTHER _____

MALE _____ FEMALE _____

CASTRATED/NEUTERED _____ SPAYED _____

BREED _____

COLOR _____

AGE AT THIS DATE _____

DATE OF BIRTH (IF KNOWN) _____

DATE OF LAST VACC &/ DEWORMING _____

DATE OF LAST RABIES VACC. _____

**CASPER ANIMAL MEDICAL CENTER
CLIENT INFORMATION**

NAME _____ SOCIAL SEC# _____
LAST FIRST M.I.

STREET _____ HOME PHONE# _____

CELL PHONE # _____

CITY _____ ST. _____ ZIP CODE _____

E-MAIL ADDRESS _____

WOULD YOU LIKE US TO E-MAIL YOU WITH SPECIALS AND PET REMINDERS? _____

MAILING ADDRESS IF DIFFERENT _____

EMPLOYER _____ WORK PHONE # _____

SPOUSE _____ SOCIAL SEC. # _____

SPOUSE EMPLOYER _____ WORK PHONE # _____

OTHER PHONE # _____

**CASPER ANIMAL MEDICAL CENTER POLICY REQUIRES ALL FEES TO BE PAID AT TIME OF SERVICES RENDERED.
PAYMENT AGREEMENTS WILL BE ISSUED UPON VETERINARIAN APPROVAL. A PAYMENT INSTALLMENT
AGREEMENT WILL NEED TO BE SIGNED UPON THIS APPROVAL.**

ALL OF THE ABOVE INFORMATION IS CORRECT AND AGREED UPON.

SIGNATURE _____ DATE _____

I WILL BE PAYING FOR SERVICES BY: _____ CASH _____ CHECK _____ VISA/MC DISCOVER

**WE WOULD REALLY LIKE TO KNOW WHO GUIDED YOU OUR WAY! PLEASE WRITE WHO OR WHERE
YOU HEARD ABOUT US: _____**

THE DOCTORS AND STAFF THANK YOU FOR YOUR PATRONAGE!