



**CAROLINA  
VETERINARY  
SPECIALISTS**

**CLIENT & PATIENT INFORMATION**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ 2<sup>ND</sup> PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OWNER DATE OF BIRTH: \_\_\_\_\_

ANIMAL'S NAME: \_\_\_\_\_ DATE OF BIRTH (APPROX) \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

SEX: \_\_\_\_\_ SPAYED OR NEUTERED: \_\_\_\_\_

UP TO DATE ON VACCINES? \_\_\_\_\_

FAMILY/REFERRING VET: \_\_\_\_\_

IF YOUR PET MUST BE HOPITALIZED OR UNDERGO EXTENSIVE DIAGNOSTICS / TREATMENT PROCEDURES, WE WILL PROVIDE YOU WITH AN ESTIMATE. IT IS THE POLICY OF CAROLINA VETERINARY SPECIALISTS TO REQUIRE A DEPOSIT FOR THESE SERVICES. PLEASE FEEL FREE TO ASK ANY QUESTIONS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT IS EXPECTED IN FULL AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, ALL MAJOR CREDIT CARDS, AND CARE CREDIT