



Hills and Dales Veterinary Clinic

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www.hdvet.com

"Compassionate Care For Your Best Friend"

Scott MacDonald, DVM

Maria Jimenez, DVM

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Welcome To Our Practice • We Are Glad That You Are Here!

Client Information

Name (please include all responsible parties): _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Occupation & Work Phone: _____

Emergency Contact Name (not living with you): _____ Phone: _____

Whom do we thank for referring you to our practice?: _____

Pet Information

Pet's Name: _____ Dog Cat Breed: _____

Date of Birth: _____ Age: _____ Color: _____

Male Female Has your pet been neutered or spayed?: No Yes At what age? _____

How do you view your pet in terms of overall health concerns and issues? Please check one.

- As a family member. I am concerned with all issues regarding the quality of my pet's life.
- Simply as a pet. I am not concerned with all issues regarding the quality of my pet's life.

Is your pet on preventative for controlling internal / external parasites (fleas, ticks, heartworms, etc.)? Yes No

Has your pet shown aggression towards a person or been involved in a bite wound incident? Yes No

Are you interested in a Home Again microchip, a service that can reunite you and your pet? Yes No

Do you have young children or immunodeficient family members who will have contact with this pet? Yes No

Does your pet currently use preventative dental products such as chews, rinse, or brushing? Yes No Please tell me more

Would you like to receive your pet's reminders by email? Yes No If yes, enter email address : _____

Authorization (Please Complete Prior to Your Pet's Examination)

Per your request, a written estimate will be prepared for you prior to your pet's treatment.

Partial or full payment may be required in advance before initiating treatment. Please check your method of payment:

Visa/Mastercard Cash Checks (accompanied by a valid Ohio driver's license)

Driver's License #, State and Date of Expiration: _____

No payment arrangements will be made. Your understanding is appreciated.

I hereby authorize the staff at Hills and Dales Veterinary Clinic to examine, prescribe for and treat the above mentioned pet(s). I agree to assume responsibility for all charges incurred and understand that all professional fees and services are due at the time services are rendered. Thank you for trusting us to care for your pet!

Signature of Owner or Pet's Agent

Date

Printed Name of Owner or Pet's Agent

CONFIDENTIAL