Carolina Veterinary Specialists

Patient Information

Date: _____ Time: _____ AM PM

Chief complaint: _____

Owner's name: _____ Occupation _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): (____) _____ (work): (____) _____

Cell phone: _____ Alternate contact: _____

Animals name: _____ Date of birth (approx.): Month: ____ Year: _____

Species: ❍ Dog ❍ Cat ❍ Avian ❍ Exotic ❍ Other: _____

Breed: _____ Color: _____

Sex: ❍ Male -- ❍ Neutered ❍ Female -- ❍ Spayed

Vaccine History: ❍ Current ❍ Past Due ❍ Unsure

Referring/family veterinarian: Dr. _____

Clinic name: _____

If your pet must be hospitalized or undergo extensive diagnostics or treatment procedures, we will provide you with an itemized estimate. It is the policy of Carolina Veterinary Specialists and Animal Emergency to require a deposit for these services. Please do not hesitate to ask any questions.

_____ _____

Signature of Owner or Owner's Agent Date

Please check all the ways you've heard about us:

Referred by Primary Vet ❍ Referred by Friend ❍ Yellow Pages ❍ Internet ❍

Radio Commercial ❍ Other ❍ _____

Please provide your email address if you would like to receive patient information electronically:

_____

Would you like to receive emails for CVS events and general hospital information: Yes ❍ No ❍

PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Form CVS-PI-1Part Rev. 11/2010