



# Circle City Veterinary Specialty & Emergency Hospital

9650 Mayflower Park Drive, Carmel, IN 46032  
(317) 872-VETS (8387)  
[www.circlecityvets.com](http://www.circlecityvets.com)

## *New Client Information*

In order for us to serve you properly, please take the time to complete this questionnaire *before* your scheduled examination. Please have your primary veterinarian fax your pet's detailed records to us at **(317) 872-1964**.

**PLEASE READ BEFORE SIGNING:**

**I understand that I am responsible for all charges at the time services are rendered.** Forms of payment accepted are MasterCard, Visa, CareCredit, personal check, or cash. All balances unpaid after 30 days will be charged 1.5% interest per month. I am also responsible for any fees for collection or attorney fees regarding any unpaid balance. There is a \$25 charge on all returned checks. I understand to write a check to the Circle City Veterinary Specialty & Emergency Hospital, I must present a driver's license or state picture identification.

**Any appointment cancellation must be made 24 hours prior to the appointment or an office call will be charged to my account.**

**I understand my pet's medical records are considered confidential and give permission for them to be shared with the hospitals/veterinarians identified on this form and/or any noted in the record itself.**

**I do \_\_\_ do not \_\_\_ give my permission to film my pet and understand photos or film footage may be used in promotional or instructional materials for Circle City Veterinary Specialty & Emergency Hospital.**

\_\_\_\_\_  
SIGNED \_\_\_\_\_  
DATE

***PLEASE PRINT ALL INFORMATION***

OWNER'S NAME

\_\_\_\_\_  
Last First CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

CO-OWNER OR SPOUSE

\_\_\_\_\_  
Last First CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*Please continue on back*

Please tell us how you discovered our hospital:

- Phone book
- On the Internet
- Driving by location (sign)
- Veterinarian
- Friend: let us know so we can thank them \_\_\_\_\_
- Other: please explain \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ Canine or Feline (circle one)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth Date or approx age: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered or Spayed (circle one)

Approximate age when neutered/spayed \_\_\_\_\_

Current veterinarian and/or hospital:

\_\_\_\_\_

Previous veterinarian/hospital: \_\_\_\_\_

Date of last vaccination: \_\_\_\_\_ Type of vaccinations given: \_\_\_\_\_

Has your pet had any previous medical problems other than the present condition?  
(If yes, briefly describe. Also include any surgical procedures other than routine dentals.)

Does patient have known allergies to drugs or other specific materials? Please list.

Has patient regularly taken medication for something other than heartworm preventative or flea control?

<u>Name of medication</u>	<u>Used for</u>	<u>Started</u>	<u>Last used</u>
---------------------------	-----------------	----------------	------------------