



## PET INFORMATION FORM

Date: \_\_\_\_\_

Thank you for selecting Miller Veterinary Services for your pet health care needs. Please help us create an accurate record for you and your pet(s) by completing the following information:

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Sex: M F Spayed/Neutered? Yes No Date of Birth (or Age): \_\_\_\_\_

Species (Canine, Feline, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Date of Last Vaccinations: \_\_\_\_\_ Other Health Issues: \_\_\_\_\_

Do we have your permission to use your pet's picture for training and/or social media? Yes No

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Do we have your permission to use your pet's picture for training and/or social media? Yes No

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Date of Last Vaccinations: \_\_\_\_\_ Other Health Issues: \_\_\_\_\_

Professional fees are due at the time services are rendered. We do not offer payment terms. We do accept Cash, Visa, MasterCard, American Express, Discover, and Care Credit. We will provide a written estimate for cases that require hospitalization, emergency care, surgery, or in-hospital treatment. Deposits prior to hospitalization may be required.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date