



Welcome to Greystone Veterinary Hospital! We look forward to being your partner
in your pet's veterinary care!

CLIENT INFORMATION

Name: _____ Date: _____

Spouse/Co-Owner: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Email: _____

***Email is required to send out appointment/vaccine reminders!**

*Permission to use your pets picture on our social media platforms? ☐ Yes ☐ No

How did you hear about our practice? _____

PET INFORMATION

Pet Name: _____ Birthday or Age: _____

Dog: _____ Cat: _____ Other: _____ Currently up to date on rabies if old enough? _____

Breed: _____ Spayed/Neutered? _____

Current medications? (include flea/tick/heartworm) _____

Current medical conditions we should be aware of? _____

Any known allergies? _____

Reason for today's visit? _____

Is your pet experiencing any of the following? (circle all that apply)

Increased Thirst	Vomiting	Diarrhea
Increased Urination	Coughing	Sneezing
Increased Appetite	Itching	Ear Problems
Weight Loss	Limping/Lameness	Nasal Discharge
Weight Gain	Hair Loss	Ocular Discharge
Decreased Appetite	Other: _____	

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees and services are **DUE AT THE TIME OF SERVICE**. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept all major credit cards, care credit, scratch pay, checks and cash. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious disease, all hospitalized pets must be current on all vaccines and be free from internal and external parasites. The signature below authorizes the level of preventive care and the appropriate charges will be assessed in the discharge invoice, and it is understood that payment is due today, at discharge.

Signature of Client responsible for pet(s) _____ Date: _____