



GLENROADS VETERINARY CLINIC
 2775 DEVILS GLEN ROAD
 BETTENDORF, IOWA 52722
 563-332-2999

LeCLAIRE VETERINARY CLINIC
 210 SOUTH CODY ROAD
 LeCLAIRE, IOWA 52753
 563-289-3789

Welcome

Thank you for giving us this opportunity to care for your pet. To help us meet your needs better, please take a moment to share some important information so we may support your pet's needs today and in the future.

PLEASE PRINT Who can we thank for referring you to us? _____

Client's Name _____ DL No. _____ Cell No. _____

Spouse/Other _____ DL No. _____ Cell No. _____

Address _____ City _____ State _____ Zip _____

Children/Visitor Names _____

Home Phone _____ Fax _____ E-Mail Address _____

Employer _____ Work Phone _____

Spouse/Other Employer _____ Work Phone _____

What is the best time to reach you? _____ at what number _____

Alternate emergency number _____ Who should we ask for? _____

ESSENTIAL PET INFORMATION					
Pet's Name	Species	Date of Birth	Sex	Breed	Color

MEDICAL RECORD Please circle if your pet has had the following healthcare within the last year.

CAT			DOG			IS YOUR PET ON:		
Physical Exam	YES	NO	Physical Exam	YES	NO	Monthly Heartworm/Flea Prev.	YES	NO
Vaccinations	YES	NO	Vaccinations	YES	NO	Monthly Intestinal Parasite Prev.	YES	NO
Blood Profile	YES	NO	Blood Profile	YES	NO			
Fecal Exam	YES	NO	Fecal Exam	YES	NO			
FIV/Leukemia Test	YES	NO	Heartworm Test	YES	NO	Previous Veterinarian/Clinic		
Pet Dental Care	YES	NO	Pet Dental Care	YES	NO			

Have your pets traveled outside of this area? _____ Where? _____

Would you like information on the Home Again Microchip implant? YES NO

To prevent the spread of infectious diseases, all hospitalized and boarded pets must be current on all vaccinations and free of internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of responsible agent for your pet(s) _____ Date _____

We will prepare a written estimate if you desire, please ask our doctor or receptionist. This may be important as all professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures or when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, or Care Credit. There will be a \$25.00 service fee for any check returned unpaid.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE ARE RENDERED.

Please tell us how you will be paying your bill today by checking one of the following

Cash Check Credit Card (MasterCard, Visa, Discover) Care Credit Other