



**Mairs Veterinary Hospital**  
**389 W. Liberty St. Wooster, Ohio 44691**  
**(330)262-7921 Fax: (330)262-3449**

**WELCOME**

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

**CLIENT INFORMATION**

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone(s)\_\_\_\_\_Email\_\_\_\_\_@\_\_\_\_\_

Place of Employment\_\_\_\_\_Phone\_\_\_\_\_

Spouse/Significant Other\_\_\_\_\_

Phone(s)\_\_\_\_\_Email\_\_\_\_\_@\_\_\_\_\_

Place of Employment: \_\_\_\_\_Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**PAYMENT IS DUE AT TIME OF SERVICES**

We accept Visa, MasterCard, and Discover credit cards/bank cards as well as cash and personal checks. In emergencies only after the initial deposit is made any unpaid balances will be charged a monthly service fee and if not paid within a month from date of service your account will be sent to our collections agency.

To prevent the spread of infectious disease and parasites all in-patients, out-patients are recommended to be current on all vaccines and be free of parasites. I understand there is no charging for services rendered except given permission by Veterinarian in an emergency. I also understand the consequences of unpaid balances in emergency situations. I pledge to give my pet all the responsible vaccinations and preventative medications that the veterinarian recommends to keep my pet in good health.

Signature\_\_\_\_\_Date\_\_\_\_\_



**Mairs Veterinary Hospital**  
**389 W. Liberty St. Wooster, Ohio 44691**  
**(330)262-7921      Fax: (330)262-3449**

## PET INFORMATION

Pet Name _____ Species _____ Breed _____
Color _____ Age _____ Sex _____ Spayed/Neutered _____
Medical Conditions/Concerns _____
Vaccination History: _____

Pet Name _____ Species _____ Breed _____
Color _____ Age _____ Sex _____ Spayed/Neutered _____
Medical Conditions/Concerns _____
Vaccination History: _____

Pet Name _____ Species _____ Breed _____
Color _____ Age _____ Sex _____ Spayed/Neutered _____
Medical Conditions/Concerns _____
Vaccination History: _____