

**OPOSSUM PIKE VETERINARY CLINIC
 BALLENGER CREEK VETERINARY CLINIC
 THURMONT VETERINARY CLINIC**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet.

Date	Name	Drivers License #
Mailing Address		City, State, Zip Code
Home Phone #	Name & Address of Employment	
Work Phone #	Spouse/Other's Name	
Spouse/Other's Place & Address of Employment		Spouse/Other's Work Phone #
Emergency Contact Name & Phone #		
E-Mail Address (To receive reminders & important information. Used only within our clinics.)		

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

If you cannot pay today, please see the receptionist. She will reschedule your appointment for a later date. A written estimate can be prepared for you at this time.

<p align="center">Method of Payment Today</p> <p><input type="checkbox"/> Check (You will need a picture ID)</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Credit Card: MC Visa Disc</p>	<p>How did you first hear of our hospital?</p> <p><input type="checkbox"/> Individual Someone we may thank?</p> <p><input type="checkbox"/> Yellow Pages</p> <p><input type="checkbox"/> Hospital sign</p> <p><input type="checkbox"/> Other: _____</p>
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ABOUT YOUR PETS

Pet Name	Breed	Date of Birth
Color/Markings	Sex	Neutered? YES NO
Previous Veterinarian		
Pet Name	Breed	Date of Birth
Color/Markings	Sex	Neutered? YES NO
Previous Veterinarian		

Signature _____