

-BY-PASS ANIMAL CLINIC

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PATIENT/CLIENT INFORMATION

DATE _____

OWNER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

CELL PH. _____ HOME PH _____

E-MAIL ADDRESS FOR REMINDERS _____

EMPLOYER'S NAME AND PHONE # _____

IN CASE OF EMERGENCY, PLEASE CALL _____ PHONE # _____

PET 1 NAME _____ BREED _____ MALE/FEMALE
AGE _____ COLOR _____ NEUTER/SPAY

PET 2 NAME _____ BREED _____ MALE/FEMALE
AGE _____ COLOR _____ NEUTER/SPAY

PET 3 NAME _____ BREED _____ MALE/FEMALE
AGE _____ COLOR _____ NEUTER/SPAY

DRIVER'S LICENSE # _____ STATE EXP. DATE _____

SIGNATURE _____

HOW DID YOU HEAR OF OUR HOSPITAL?

INDIVIDUAL WE MAY THANK? _____ HOSPITAL SIGN _____

YELLOW PAGES _____ OTHER _____

PAYMENT

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE
RENDERED**

**WE DO ACCEPT ALL MAJOR CREDIT CARDS, CHECKS, OR CASH. WE ALSO
OFFER CARE CREDIT IF YOU WISH TO APPLY. THERE WILL BE A \$25.00 - \$50.00
SERVICE FEE ON ALL RETURNED CHECKS.**