

KANSAS CITY VETERINARY CARE, L.C.
Ward W. Brown, DVM • Brock W. Exline, DVM • Bryan A. Reed, DVM
Paul Diehl, DVM • Corey A. Entriken, DVM

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.

INFORMATION

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

Place of Employment _____ Phone _____

Driver's License # _____ Social Security # _____
(State) (Number)

Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

Place of Employment _____ Phone _____

Children/Ages _____

How did you become aware of our clinic? Drove by - Yellow Pages - Previous Client - Internet

Personal Recommendation (*Whom may we thank?*) _____

All Fees Are Due At The Time Services Are Rendered. We accept Visa, MasterCard, Discover, American Express and CareCredit credit cards as well as cash and personal checks. Any balances carried at Kansas City Veterinary Care, L.C. will be charged a monthly service charge on all accounts over 30 days equal to the greater of a minimum charge of \$5.00 or 1.50% per month which is an annual percentage rate of 18.0%.

To prevent the spread of infectious disease and parasites all in-patients, out-patients, boarders and grooming pets must be current on all vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed.

Signature _____ Date _____

PET INFORMATION

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

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

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