



www.sacpets.com

Shawnee Animal Clinic New Pet Form

Pet Name: _____

Dog Cat Other: _____ (circle one)

Breed/type: _____

Sex: Male Female (circle one) Castrated Spayed (circle one)

Birth Date: _____ Color: _____

Pet Name: _____

Dog Cat Other: _____ (circle one)

Breed/type: _____

Sex: Male Female (circle one) Castrated Spayed (circle one)

Birth Date: _____ Color: _____

Shawnee Animal Clinic will freely prepare a written estimate if you ask the Technician or Doctor. This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In cases with extensive medical care or surgical procedures, we understand full payment may be difficult at discharge. We accept Cash, Personal Check, Visa, Master Card, Discover and Care Credit. There will be a \$30.00 fee for any returned check.

Signature of Responsible Agent for Pet(s): _____ Date: _____

