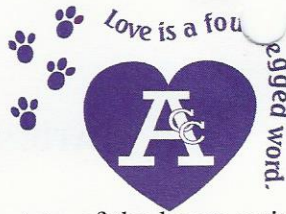


# Animal Care Clinic



State of the art care, state of the heart caring.  
**Mark L. Stenstrom, DVM**

106 N. Eisenhower  
Junction City, KS 66441

**785-762-5631**

**Welcome to the Animal Care Clinic!** We appreciate the trust you have placed in us to provide your four-legged family member's Health Care. Please take a few minutes to complete our new client / patient form so that we can best serve your needs.

DATE: \_\_\_\_\_ SOCIAL SECURITY or DL # & STATE \_\_\_\_\_

NAME; (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

SPOUSE'S FULL NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

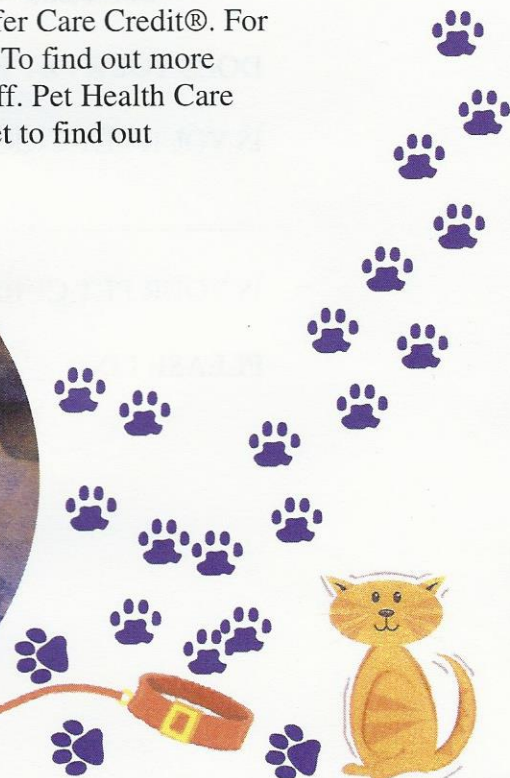
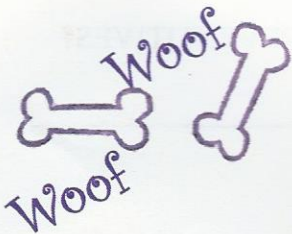
CELL PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

How did you become aware of our clinic? \_\_\_\_\_

**EFFECTIVE MARCH 1ST, 2010, CHECKS WILL NOT BE ACCEPTED ON NEW ACCOUNTS. PLEASE CIRCLE METHOD OF PAYMENT.**

**CASH, CREDIT OR DEBIT CARD, CARE CREDIT CARD**

**PAYMENT IS DUE IN FULL WHEN SERVICE IS PROVIDED.** The Animal Care Clinic does not offer Billing. For your convenience we do offer Care Credit®. For qualified clients, Care Credit® offers an affordable payment plan. To find out more About Care Credit® or to fill out an application please ask our staff. Pet Health Care Insurance is also available. Please ask for a free information packet to find out about this option.





PATIENT INFORMATION

NAME: \_\_\_\_\_

SPECIES: (Circle) DOG    CAT    RABBIT    FERRET    OTHER \_\_\_\_\_

BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

SPAYED / NEUTERED?    YES / NO

COLOR: \_\_\_\_\_ MARKINGS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WHERE DID YOU OBTAIN YOUR PET? \_\_\_\_\_

WHEN DID YOU OBTAIN YOUR PET? \_\_\_\_\_

HAS YOUR PET BEEN VACCINATED? \_\_\_\_\_

WHEN WAS YOUR PET LAST VACCINATED? \_\_\_\_\_

WHICH VACCINES WERE ADMINISTERED? (Circle)

DOG		CAT	FERRET
Rabies	Distemper	Rabies	Rabies
Parvo	Corona	Distemper	Distemper
Lyme Dz	Giardia	Leukemia	
Bordetella			

DOES YOUR PET HAVE ANY ALLERGIES TO MEDICATIONS (S)? \_\_\_\_\_

IS YOUR PET CURRENTLY ON ANY MEDICATIONS (S)? PLEASE LIST:  
\_\_\_\_\_

IS YOUR PET CURRENTLY ON HEARTWORM, FLEA OR TICK PREVENTITIVES?

PLEASE LIST: \_\_\_\_\_