

Janssen Clinic for Animals

The Best Care for Your Best Friends

NAME: _____ SPOUSE/DECISION MAKER (LAST NAME IF DIFFERENT): _____

ADDRESS: _____ CITY: _____ ZIP: _____ E-mail: _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE: _____

PAST VET & Phone # _____

Children's Names/Ages (optional): _____

How did you hear about our clinic? Personal recommendation – Who may we thank? _____
 Website/from friend _____ Website/from Sign Website/Google Search Website/from Other _____
 Hospital Sign Welcome Wagon Telephone Book Facebook Other

	PATIENT A	M/N F/S	PATIENT B	M/N F/S	PATIENT C	M/N F/S
NAME	_____		_____		_____	
DOB :	_____		_____		_____	
SPECIES/BREED:	_____		_____		_____	
COLOR	_____		_____		_____	

BRING VACCINE RECORDS AND FECAL SAMPLE

We have your pet's best interest at heart and provide the highest quality health care. It is Dr. Janssen's philosophy to recommend the same things for his patients that he would do for his own pet. ***A Word About Fees:*** A physical examination and consultation is the first step in providing care for your pet. This is history taking, examination of the pet, and answering questions related to the problem or exam findings. Information is gathered by looking, listening, smelling, and feeling. Sometimes further information is needed, in which case we may suggest lab tests or other procedures. ***All subsequent lab tests, professional procedures, medications and vaccinations have a fee attached in addition to that charged for the physical exam and consultation.*** You are entitled to know what that fee is. However, some of our clients find it time consuming and cumbersome for us to continually quote prices prior to doing anything. Therefore, we would like to know your preference so that we may serve you better please choose one:

1. Please quote me a price for everything.
2. Quote me a price only if you think the total will exceed \$ _____
3. Unless I ask, I only need prices for major procedures prior to invoicing.

Signed: _____ Date: _____

How do you prefer to pay?(Please circle): Cash Visa Mastercard Discover Checks
Soc. Sec. # _____ Dr.Lic.# _____ State _____

Please note that there is a \$20.00 service charge on all checks returned NSF

Payment is required at the time services are rendered

Place of Employment: _____ Spouse's Place of Employment: _____

Spouse's Cell: _____ Spouse Work phone _____ ext: _____

Staff who Filled out with clients _____ Staff who Entered on computer Initials _____