

JANESVILLE VETERINARY CLINIC EAST  
 1730 E. MILWAUKEE STREET  
 JANESVILLE, WI 53545  
 608-752-8127

JANESVILLE VETERINARY CLINIC WEST  
 1802 MINERAL POINT AVENUE  
 JANESVILLE, WI 53548  
 608-754-6606

**PATIENT/CLIENT INFORMATION**

Date \_\_\_\_\_

Owners name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_

Spouse/Other Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

**EMERGENCY PHONE** \_\_\_\_\_ **Email Address** \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Referred By \_\_\_\_\_

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

If you desire, ask the Doctor and we will gladly prepare a written treatment plan prior to services rendered.  
 We accept cash/check/care credit/all major credit cards for your convenience.

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. WE RESERVE THE RIGHT TO TREAT YOUR PATIENTS IF WE FIND IT NECESSARY.**

**Signature** \_\_\_\_\_

	PET 1	PET 2	PET 3
NAME			
SPECIES (DOG/CAT/OTHER)			
BREED			
DATE OF BIRTH			
SEX (SPAYED/NEUTERED)			
DIET (TYPE OF FOOD)			
VACCINATIONS GIVEN (MO./YR.)			