



Glenroads Veterinary Clinic
 2775 Devils Glen Rd
 Bettendorf, IA 52722
 563-332-2999

WELCOME!

Thank you for giving us this opportunity to care for your pet.

PLEASE PRINT- How did you hear about us? Internet ___ phonebook ___ drive-by/live by ___
 newspaper ___ Welcome Wagon ___ friend/relative ___
 Who can we thank for referring you? _____

Client's name _____ cell phone _____
 Address _____ City _____ State _____ Zipcode _____

Employer _____ work phone _____

Spouse/ additional responsible party _____ cell phone _____

Relationship to owner _____

Employer _____ work phone _____

Best number to reach you _____

Children/ visitor's names _____

E-mail address _____

Alternate emergency number _____ Who should we ask for? _____

MEDICAL RECORDS-

Who was your previous veterinarian or veterinary clinic? _____

May we contact them for records? _____ contact information _____

ESSENTIAL PET INFORMATION-

<i>Pet's Name</i>	<i>Breed</i>	<i>Color</i>	<i>Date of birth</i>	<i>Male or Female</i>	<i>Spayed or Neutered</i>

Signature of responsible party _____ *date* _____
 (I attest I am at least 18 years old)

ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICE.

Please let a member of the staff know if you desire a written care plan and we will provide one for you. We do except cash, check, VISA, Mastercard, Discover and Care Credit. There will be a \$25.00 service fee for any returned check.