

Veterinary Services

1721 Whiskey Road-Aiken, SC 29803

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Thank you for giving Veterinary Services the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information.

Client Name: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Mailing address (if different from above): _____

Home phone: _____ Work phone: _____

Cell phone: _____ Spouse Work: _____

Spouse Cell: _____ *Email address: _____

*This will allow you access to your pet's medical records via Pet Portals by visiting our secure website www.AikenPetVet.com

Referred By: _____ (So we know who to thank)

Previous Veterinarian: _____ Phone Number: _____

In order for Veterinary Services to accept a check as a form of payment, we must have a valid driver's license number and your date of birth. Thank you.

Driver's License: _____ State: _____ Date of Birth: _____

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

Patient Information	Pet #1	Pet #2
Name		
Breed		
Date of birth		
Color		
Sex; spayed female or neutered male		
Currently on meds? Name of meds?		

I authorize the veterinarians and staff of Veterinary Services to examine, prescribe treatment for and perform procedures that are deemed medically necessary for the health of my pet(s). I assume all financial responsibility for all charges incurring the care of my pet(s). I understand that all charges will be paid at the time of treatment.

Signed _____