

## Veterinary Services

1721 Whiskey Road-Aiken, SC 29803

803-648-5489

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Holly Woltz, DVM, MS

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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](http://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.

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

Patient Information	Pet #1	Pet #2
Name		
Breed		
Date of birth (or approximate age)		
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 \_\_\_\_\_