



MEMPHIS  
VETERINARY  
SPECIALISTS

Professional care by  
compassionate specialists.

# Memphis Veterinary Specialists, LLC

## Client Information

Owner Name: \_\_\_\_\_ Co-Owner/Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_ Co-Owner Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's Lic# \_\_\_\_\_ DOB: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*\*We must collect Driver's License and employment information for collection purposes. We also require a photocopy of your license\*\*

## Patient Information

Patient Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed: \_\_\_\_\_

Circle One: Male/Intact Male/Neutered Female/Intact Female/Spayed

Birth Date/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Are Vaccinations Current? Y / N

Reason for Referral (primary complaint): \_\_\_\_\_

Please list any of your pet's drug allergies or special problems that we should know about:

What veterinarian referred you to Memphis Veterinary Specialists? \_\_\_\_\_

Had you heard about our hospital prior to this referral? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how: \_\_\_\_\_

Did you bring (or mail in) X-rays and/or medical records from your veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_

### OFFICE USE ONLY

RDVM Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

## Payment Information

I understand that I am financially responsible to Memphis Veterinary Specialists, LLC for charges. I understand that payment is due in full at the time services are rendered. I agree to pay all interest, collection, legal, attorney or court fees in the event it becomes necessary to pursue the account for collection. We accept cash, checks, major credit cards and Care Credit. TeleCheck authorizes all checks. When you provide a check as payment, you

authorize us to use information from your check to process a one-time payment Electronic Funds Transfer (EFT), a draft drawn from your account or to process the payment as a check transaction. Unless specifically requested, all pets needing emergency care while staying in our hospital will be treated until the owner/agent can be contacted.

\_\_\_\_\_  
**Owner/Agent Signature** (must be over 18 years of age)

\_\_\_\_\_  
**Date**