



# TenderCare VETERINARY CENTER

...where a cold nose meets a warm heart

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## Welcome to Our Office

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Co-Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
*This e-mail address will be used for veterinary correspondence and clinic newsletters only, and will **NOT** be sold for any advertising purposes.*  
Social Security Number: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_  
Best time/place to call you regarding your pet's care: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

*Check all that apply*

- Personal Referral? Who shall we thank?  
\_\_\_\_\_
- Civic Group/Community Event?
- Sign/Drove by?
- Cable TV?
- Website?
- Pet Store/Humane Society?
- Coupon/Direct Mail?

### PET CARE *Check which applies*

How do you view your pet(s) in terms of overall health concerns and issues?

- As a family member (I am concerned about all health issues/recommendations)
- As a pet (I am not concerned about preventative and wellness issues)

Where did you get your pet? \_\_\_\_\_  
How long have you owned your pet? \_\_\_\_\_  
What food does your pet eat? \_\_\_\_\_  
Canned or dry food? \_\_\_\_\_  
Is your pet fed any table scraps? \_\_\_\_\_  
How often do you bathe your pet? \_\_\_\_\_  
How often do you brush your pet? \_\_\_\_\_  
How much time does your pet spend outdoors? \_\_\_\_\_  
Are there children in the household? \_\_\_\_\_  
Where does your pet sleep? \_\_\_\_\_  
How much time does a family member spend with your pet per day? \_\_\_\_\_  
What prior illnesses or health issues has your pet had?  
\_\_\_\_\_

### **Check any of the following that are a concern to you regarding your pet's health or behavior.**

*Check all that apply*

- Excessive barking
- House breaking
- Wetting/having accidents in the house
- Problems around children
- Shedding
- Jumping
- Straying away from home
- Itching/scratching
- Overly rambunctious
- Biting
- Clawing or digging
- Bad breath
- Fleas/ticks
- Other \_\_\_\_\_

### Pet Information

*Please list your pet(s) below:*

Name	M/F	Altered?	Breed	Age
_____				
_____				
_____				

### **FINANCIAL POLICY**

Payment is due at time services are performed. Please let us know if you would like us to provide you with an estimate for services before we begin. For your convenience we accept cash, checks, Visa, Mastercard, and CareCredit credit cards. By signing below, you agree to pay all cost of collection, including 25% agency fees, court costs and attorney fees in the event that your account becomes assigned to a collection agency. **Please read and sign below, acknowledging that you are aware of and agree to our financial policy.**

X \_\_\_\_\_ Date: \_\_\_\_\_