



*of New Richmond*  
**Jerry W. Miller DVM**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Spouse Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Driver's License # (Required to pay by check)  
 \_\_\_\_\_

Email \_\_\_\_\_

By providing your email address you authorize us to send vaccination reminders, appointment reminders, newsletters, and more to your email. You may opt out of individual reminder services in the welcome email you will receive.

**How did you first hear of us? Check any that apply--**

Phone Book       Location       Google       Website  
 Other: \_\_\_\_\_       Current Client: \_\_\_\_\_       Yahoo       Facebook

**Pet Information**

Pet's Name: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_  
 Sex:  Female  Spayed       Male  Neutered  
 Species:  Feline  Canine      Breed: \_\_\_\_\_  
 Color: \_\_\_\_\_  
 Dates/Types of Last Vaccinations: \_\_\_\_\_  
 \_\_\_\_\_  
 Previous Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this pet covered by pet health insurance?  Yes  No

Pet's Name: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_  
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 Species:  Feline  Canine      Breed: \_\_\_\_\_  
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 Dates/Types of Last Vaccinations: \_\_\_\_\_  
 \_\_\_\_\_  
 Previous Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this pet covered by pet health insurance?  Yes  No

**Authorization**

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgery and/or hospitalization.

**Signature of Owner or Authorized Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

Method Of Payment  Cash  Check  Visa  Mastercard  Discover  American Express  CareCredit