



WELCOME TO JULES VETERINARY CENTER!

1855 W. 11th Street
Tracy, CA 95376

To better serve you and your pet’s needs, please fill out the following information as accurately as possible.

Client Information:

Primary Human Decision Maker(s) (names): _____ Human DOB: _____

Other individuals authorized to make medical decision: _____

Primary Address: _____

City: _____ State: _____ Zip code: _____

How did you hear about us? _____

Available phone numbers	(Cell/Home/Work)	Whom should we ask for
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the best E-Mail Address to contact you at:

Pet Information:

Pet’s Name	Breed	Color	Age or Birth date	Male/Female	Fixed?

Payment Options:

- Cash
 Credit Card (American Express/Visa/MasterCard)
 Care Credit
 Debit Card

Please check the box next to the payment method you prefer. You will not have to use that method with every visit. Your signature below indicates you understand that: **PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED. WE ACCEPT ONLY THE ABOVE FORMS OF PAYMENT. WE DO NOT BILL AND DO NOT TAKE OR HOLD CHECKS.**

Signature: _____ **Date:** _____

By signing this form, the client is aware that there is no overnight staff on premise. Consent to pet picture used on social media.