



**Milton
Veterinary
Clinic**

**745 McEwan Lane
Milton, WI 53563
(608) 868-4715**

Client Information

Date: _____

First Name: _____ **Last Name:** _____

Mobile Phone Number: _____ **Landline:** _____

Significant Other: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Optional Contact: _____

Phone Number: _____

How did you hear about us? _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Upon request we will gladly prepare a written treatment plan prior to services rendered. We accept cash/check/care credit/ all major credit cards for your convenience.

We will not share medical records without your permission, except to police or animal control. Please mark your preference if your pet's records are requested:

- ☐ **It is okay to share my pet's medical record with groomers, kennels, and veterinary facilities.**
- ☐ **Only share my pet's medical records after getting my verbal permission.**



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Patient Information

Pet Name: _____

Species: ☐ **Cat** ☐ **Dog**

Date of Birth/Age: _____

Sex: ☐ Male ☐ Female ☐ Male Neuter ☐ Female Spay

Color/Markings: _____

Coat Length: ☐ Short ☐ Medium ☐ Long

Current Diet: _____

Current Medications: _____

Special Notes: _____

Pet Name: _____

Species: ☐ **Cat** ☐ **Dog**

Date of Birth/Age: _____

Sex: ☐ Male ☐ Female ☐ Male Neuter ☐ Female Spay

Color/Markings: _____

Coat Length: ☐ Short ☐ Medium ☐ Long

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Current Diet: _____

Current Medications: _____

Special Notes: _____

Pet Name: _____

Species: ☐ **Cat** ☐ **Dog**

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Sex: ☐ Male ☐ Female ☐ Male Neuter ☐ Female Spay

Color/Markings: _____

Coat Length: ☐ Short ☐ Medium ☐ Long

Current Diet: _____

Current Medications: _____

Special Notes: _____

