

Welcome to PawSteps Veterinary Center. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Date \_\_\_\_\_

Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Co-Owner's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Co-Owner's Place of Employment \_\_\_\_\_

Best phone number to reach you during the day \_\_\_\_\_ Drivers License # \_\_\_\_\_

How did you choose our practice?  Advertisement  Location  Other \_\_\_\_\_  
 Personal Recommendation (whom may we thank?) \_\_\_\_\_

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Breed						
Date of Birth						
Color						
Sex: (circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Last Heartworm Prevention						
Previous Veterinarian Information	Name					
	Hospital					
	Phone					

Our pet is:  Member of Family  Child's Pet  Backyard Pet

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

TREATMENT POLICY: I hereby authorize PawSteps Veterinary Center (PVC) to render any treatment which is deemed critical to my pet's health while in their custody. I understand that in the event of any unusual or emergency circumstances, PVC will make every attempt to contact me or my Agent before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Treatment provided in person or via telephone.

PAYMENT POLICY: All fees MUST be paid in full at the time services are performed or upon discharge from the hospital and a deposit for expected treatment is required for all pets admitted to PVC. A late fee will be charged on all unpaid balances at a rate of 20% APR. Accounts will be turned over for collection if unpaid for more than 90 days. All costs of collection will be added to the outstanding balance.

\_\_\_\_\_  
Signature of Owner or Agent

**PawSteps Veterinary Center**  
**1700 Providence Rd, Northbridge, MA 01534**  
**www.pawstepsvet.com**  
**(508) 234-9987**



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