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DR. KEVIN E. SHULER
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1769 Highway 17 North
 Mt. Pleasant, SC 29464
 (843) 884-4494
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Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you.

OWNER'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMPLOYER'S NAME _____ DRIVER'S LIC. NUMBER _____

EMAIL ADDRESS _____

HOW DID YOU FIRST HEAR OF US _____

(Person's name, yellow pages, sign, Internet)

IF YOU FOUND US VIA THE INTERNET, WHICH WEBSITE _____

| PET #1 | PET #2 |
|---------------------------------------|---------------------------------------|
| NAME _____ | NAME _____ |
| BIRTH DATE _____ | BIRTH DATE _____ |
| BREED _____ | BREED _____ |
| COLOR _____ | COLOR _____ |
| SEX _____ SPAYED _____ NEUTERED _____ | SEX _____ SPAYED _____ NEUTERED _____ |
| PREVIOUS VET _____ | PREVIOUS VET _____ |
| DATE OF LAST VACCINES _____ | DATE OF LAST VACCINES _____ |
| CURRENT MEDICATIONS _____ | CURRENT MEDICATIONS _____ |
| HEARTWORM PREVENTATIVE _____ | HEARTWORM PREVENTATIVE _____ |

I hereby authorized the veterinarian to examine, prescribe for, and/or treat the above described animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

YOUR SIGNATURE _____

METHOD OF PAYMENT: CASH _____ CHECK _____ VISA/MC _____ DISCOVER _____