

Veterinary Diagnostics and Cardiac Evaluations, Inc.

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2864 Acton Road
Birmingham, AL 35243
www.petcardiologist.com

Owner Information:

Owner's Name _____ Spouse/Other _____

HomeAddress _____

City _____ State _____ Zip Code _____

Phone: H() _____ W() _____ Cell() _____

Employer _____ Occupation _____ SS # _____

Would you like to receive your reminders via e-mail? _____

Patient Information:

Dog Cat Other _____ Breed _____

Name _____ Male Female Spayed/Neutered? Y N

Color _____ Date/Year of Birth _____

Within past year: Vaccination? Y N Heartworm test? Y N

On heartworm preventative? Y N If yes, which kind _____

Current problem(s) _____

Appr. Weight _____ Current medications 1) _____

2) _____ 3) _____ 4) _____

Referring Veterinarian

Doctor _____ Hospital _____

Please Note:

- If you don't supply the SS #, cash payment is due at the time of patient discharge
- A deposit (20% of estimate) is required on all hospitalized patients
- Owner/agent agrees to pay all costs of collection, including a reasonable attorney's fee and 1½ % per month (18% APR) on all unpaid balances

Signature of Owner or Authorized Agent

Date