



Welcome to Kansas City Veterinary Care

- Dr. Brock Exline, DVM
- Dr. Corey Entriiken, DVM
- Dr. Paul Diehl, DVM
- Dr. Sarah Kirkwood, DVM
- Dr. Gonzalo Erdozain, DVM
- Dr. Molly Melling, DVM

Thank you for giving us the opportunity to provide the highest quality of care to your pet(s). So that we may become better acquainted, please complete the following:

Name: _____ Phone(s) _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Driver's License #/State: _____ SSN: _____

Spouse/Significant Other: _____

How did you learn of our hospital?

- Drove By
- Google Search
- Referring Veterinarian
- Animal Shelter/Rescue
- Facebook
- Personal Recommendation

Whom may we thank? _____
First & Last Name

I understand that pictures of my pet may be taken for his/her medical record. I do/do not give permission for photos to be used in promotional/social media material for the hospital.

- I give permission
- I do not give permission

Record release: sometimes boarding facilities, groomers, referral hospitals, etc. may request records to be faxed. Do you give permission for us to send this information?

- I give permission
- I do not give permission

ALL FEES ARE DUE AT TIME OF SERVICES RENDERED.

- We accept Visa, Mastercard, Discover, AMEX, Care Credit, cash, and personal checks. Any balances carried at KCVC will be charged a monthly service charge on all accounts over 30 days equal to the greater of a minimum charge of \$5.00 or 1.5% per month which is an annual percentage rate of 18%.

- To prevent the spread of infectious disease and parasites all in-patients, out-patients, boarders and grooming pets must be current on all vaccines and be free of parasites. I understand this to be a strict policy of KCVC and authorize the doctors to provide my pet(s) with vaccinations and parasite control as needed.

Signature: _____ Date: _____



Pet Information

Pet Name: _____ Species: _____

Breed: _____ Color: _____ Age: _____

Sex: Female Spayed Female Unknown
 Male Neutered Male

Medical Conditions/Concerns:

Pet Name: _____ Species: _____

Breed: _____ Color: _____ Age: _____

Sex: Female Spayed Female Unknown
 Male Neutered Male

Medical Conditions/Concerns:

Pet Name: _____ Species: _____

Breed: _____ Color: _____ Age: _____

Sex: Female Spayed Female Unknown
 Male Neutered Male

Medical Conditions/Concerns:
