

# *Eden & Fond du Lac Veterinary Clinic, LTD.*

Eden Clinic  
318 Fond du Lac Ave  
Eden, WI 53019  
(920)923-8888

Fond du Lac Clinic  
252 S Main St  
Fond du Lac, WI 54935  
(920)923-8886

---

---

## *Client Information*

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Driver License#: \_\_\_\_\_  
Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Referred by \_\_\_\_\_

## *Patient Information*

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Date of last distemper vaccination: \_\_\_\_\_  
Date of last rabies vaccination: \_\_\_\_\_  
Date of last bordetella vaccination: \_\_\_\_\_  
Chronic Medical Condition/Diet: \_\_\_\_\_

---

---

### **OUR FINANCIAL POLICY:**

All services cash, check, or credit card at time service is rendered. Certain services may require a deposit at time of admittance. If you have any questions, please ask before your pet is examined. Having read the above, I agree to these conditions.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

---

---

*C.A. Mayer*

*J.F. Zook*

*Doctors of Veterinary Medicine*

*Eden & Fond du Lac Veterinary Clinic, LTD.*

Eden Clinic  
318 Fond du Lac Ave  
Eden, WI 53019  
(920)923-8888

Fond du Lac Clinic  
252 S Main St  
Fond du Lac, WI 54935  
(920)923-8886

*C.A. Mayer*

*J.F. Zook*

*Doctors of Veterinary Medicine*