

Exton Vet Clinic  
609 N. Pottstown Pike  
Exton, PA 19341

\_\_\_\_\_  
Today's Date

**WELCOME TO THE EXTON VET CLINIC**  
**Shannon Stanek, D.V.M.**

We strive to provide the best possible service to you and your pet. Please help us get to know you by filling in the following information.

**Owner Information**

Owner's Name: \_\_\_\_\_, \_\_\_\_\_ Spouse's Name: \_\_\_\_\_, \_\_\_\_\_  
(last) (first) (last) (first)

Address: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

\_\_\_\_\_ Emergency contact (if you are not available):

Home Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**Pet Information**

Pet's Name: \_\_\_\_\_ Any previous medical problems: \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_ \_\_\_\_\_

Female \_\_\_ Spayed Yes No \_\_\_\_\_

Male \_\_\_ Neutered Yes No \_\_\_\_\_

Breed: \_\_\_\_\_ \_\_\_\_\_

Age/Date of Birth \_\_\_\_\_ \_\_\_\_\_

Eating a special diet? \_\_\_\_\_ Any known allergies or reactions? \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

When last vaccinated and for what? \_\_\_\_\_

How did you learn about our office? \_\_\_\_\_

**Payment is expected at the time services are rendered.**

**We accept cash, personal check, and VISA/MasterCard as payment method.**

***First-time clients, cash/VISA/MC only.***

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