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DR. ANDREW EPPELSHEIMER

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DR. KEVIN SHULER
DR. LAURA SHULER

1217 Ben Sawyer Blvd.
Mt. Pleasant, SC 29464
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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 _____

EMAIL ADDRESS _____

EMPLOYER _____

HOW DID YOU FIRST HEAR OF US (NAME, YELLOW PAGES, SIGN, WEBSITE, ETC) _____

In order of preference below, please list contact information including contact name, phone number, phone type (home, work, cell, etc.).

PRIMARY CONTACT:

NAME _____ PHONE _____ PHONE TYPE _____

SECONDARY CONTACT:

NAME _____ PHONE _____ PHONE TYPE _____

ALTERNATE CONTACT:

NAME _____ PHONE _____ PHONE TYPE _____

ALTERNATE CONTACT:

NAME _____ PHONE _____ PHONE TYPE _____

In the event that we are unable to reach all of the above contacts, please list an emergency contact.

EMERGENCY CONTACT:

NAME _____ PHONE _____ PHONE TYPE _____

PREFERRED MODE OF CONTACT FOR REPORTING **NORMAL** LAB RESULTS

EMAIL CALL TEXT

I hereby authorized the veterinarian to examine, prescribe for, and/or treat the animal(s) described on the following pages. 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 AM. EX. CARECREDIT