

# WELCOME

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions about your pet's health. To insure the best care possible, please take the time to complete this form.

## CLIENT INFORMATION

OWNER'S NAME \_\_\_\_\_ SPOUSE or SIGNIFICANT OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ ALTERNATE CONTACT NUMBER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ May we email you information and/or reminders? Yes NO

DRIVERS LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (used for check writing privileges)

HOW DID YOU LEARN OF OUR CLINIC? yellow pages email web site referral other \_\_\_\_\_  
(please specify)

IF YOU WERE REFERRED, WHOM MAY WE THANK? \_\_\_\_\_

## PATIENT INFORMATION

PET 1

PET 2

NAME \_\_\_\_\_

NAME \_\_\_\_\_

SPECIES: CAT DOG OTHER

SPECIES: CAT DOG OTHER

BREED \_\_\_\_\_

BREED \_\_\_\_\_

SEX: M F SPAYED NEUTERED

SEX: M F SPAYED NEUTERED

COLOR \_\_\_\_\_ AGE \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

Signature of Owner or Agent \_\_\_\_\_

Method of payment: Cash Check Master Card/Visa/Discover Care Credit