

DATE \_\_\_\_\_

# CLIENT INFORMATION

OWNER'S NAME MR. MRS. MISS DR. \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET CITY

CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET CITY

SPOUSE'S NAME MR. MRS. MISS DR. \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
LAST FIRST MIDDLE

CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET CITY

# ANIMAL INFORMATION

DOG	CAT		NAME	BREED	DESCRIPTION	DATE OF BIRTH	SEX	ALTERED	WT.	VACCINATION HISTORY (Date and type of last vaccine)

Pet's current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic?  Yellow Pages  Sign  Recommendation  Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Number of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

Ongoing health problems \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 for surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment:  Cash  Check  MasterCard  VISA Client Number \_\_\_\_\_