

# Welcome

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!

## CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Work Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Driver Lic# \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: Spayed Female Female Neutered Male Male

Vaccination History and Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reason for visit: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of service.

Signature of Owner (or authorized agent) \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: Cash Check MC/Visa/Discover Care Credit Other