

WELCOME

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take time to fill in this form completely.

CLIENT INFORMATION

Date	Owner	SSN
Address		DOB
City	State	Zip
Home Phone	Work Phone	Cell Phone
Place of Employment		
E-mail address		
Contact Preference (circle one):	Email	Text
	Phone	
Spouse		SSN
Work Phone	Cell Phone	
Emergency Contact Name		Phone Numbers
Address		
City	State	Zip
How did you hear about us?		

PET INFORMATION

Name	Name	Name
Cat Dog Other	Cat Dog Other	Cat Dog Other
Breed	Breed	Breed
Color	Color	Color
Birth date/Age	Birth date/Age	Birth date/Age
Male Female	Male Female	Male Female
Neutered/Spayed	Neutered/Spayed	Neutered/Spayed
Microchip ID#	Microchip ID#	Microchip ID#

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred during the care of my animals. I also understand that the charges will be paid at the time of release and that a deposit may be required for certain treatments. I understand that failure to comply will result in service and finance charges and as a last resort court cost and attorney fees.

Signature of Owner _____ Date _____

Method of Payment Cash Check Credit/Debit Card Care Credit