

Client Information

Owner's Name: _____ Spouse/Other: _____
Address: _____ City _____ State: _____
Zip Code: _____
Phone number(s): _____ Work Phone _____ Cell Phone _____
Driver's License number: _____ OR (Must have one of these) SS# _____
Email: _____ In Case of Emergency Contact: _____
D.O.B: _____

Pet Information

Pet's Name: _____ Date of Birth: _____
Type of Pet: Dog _____ Cat _____ Other(Specify) _____
Sex: Male _____ Female _____ Neutered/Spayed _____
Breed: _____ Color: _____ Weight: _____
Main reason for visit: _____
How long has the problem been present?: _____
Referring Veterinarian/Hospital: _____
Current Medications: _____

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

Signature of Owner/Agent: _____ Date: _____