

CLIENT INFORMATION:

Date: _____

Name (Last Name First) _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Employer's Address: _____

Emergency Contact Name: _____ Phone: _____

How did you learn about our practice?: _____

Number of pets (please specify by type): _____

Primary reason for visit: _____

PET INFORMATION:

Pet's Name: _____ Dog _____ Cat _____ Other _____

Sex: Male _____ Female _____ Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes _____ No _____ At what age?: _____

What age was pet obtained?: _____

From: Friend _____ Breeder _____ Pet Shop _____ Humane Society _____ Other _____

Describe your pet's diet: _____

List your pet's current medication: _____

Reason for pet visit today: _____

AUTHORIZATION:

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 the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____