



Welcome!

CLIENT INFORMATION

Name: _____

Street Address: _____

Street Address 2nd line: _____

City: _____ State: _____ Zip: _____

Primary Contact Phone: _____ Cell Home

Email Address: _____

Secondary Contact Name: _____ Phone: _____

How did you learn about our hospital?: _____

Total number of pets at household (Specify by type): Cat: _____ Dog: _____ Other: _____

Primary reason for visit: _____

PET INFORMATION

Name: _____ Cat Dog Other _____

Sex: Female Male Neutered/Spayed: Yes No Birthdate/Age: _____

Breed: _____ Color: _____

Does your pet have a Microchip? Yes No What age was your pet obtained: _____

List all medications your pet is currently on: _____

Name of previous Clinic/Breeder that have records for your pet: _____

Phone Number for Clinic/Breeder: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I am responsible for all charges incurred in the care of my pet. I also understand that all professional fees are due at the time services are rendered.

Signature of client responsible for pet: _____ Date: _____