

WELCOME

Thank you for allowing our office to care for your pet. Our Staff will be happy to answer any questions you have about your pet's health. To provide the best care possible, please fill in this form completely. Thank you!

Owner Information

Today's Date _____	
Owner's Name _____, Spouse Name _____	
Address _____ Apt# _____ City _____	
State _____ Zip Code _____	
Home Phone _____ Work Phone _____ Cell Phone _____	
Spouse Work Phone Number _____, Cell Phone Number _____	
Email _____ Spouse Email _____	
Driver License # _____	
At What Phone Number is best to call about your pet? _____	
In Case of Emergency, please call _____ Phone Number _____	

Pet #1 Information

Pet's Name _____ Date of Birth _____	
Type of Animal: Dog _____ Cat _____	
Breed: _____	
Sex: Female _____ Spayed _____ Male _____ Neutered _____	
Description/Color/Marking: _____	
Microchip Number _____	

Pet #2 Information

Pet's Name _____ Date of Birth _____
Type of Animal: Dog _____ Cat _____
Breed: _____
Sex: Female _____ Spayed _____ Male _____ Neutered _____
Description/Color/Marking: _____
Microchip Number _____

Pet #3 Information

Pet's Name _____ Date of Birth _____
Type of Animal: Dog _____ Cat _____
Breed: _____
Sex: Female _____ Spayed _____ Male _____ Neutered _____
Description/Color/Marking: _____
Microchip Number _____

Authorization

<p>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 this animal. I also understand these charges will be paid at time of services rendered and that a deposit may be required for surgical treatment. *A service charge of 6% or \$25.00, whichever is greater, is applied to all balance over 30 days.*A \$35.00 fee is applied to all returned checks. *New clients are preferred to pay for services with cash or credit card for the first initial visits.</p> <p>Signature _____ Date _____</p>
