Dalton Animal Care

Thank you for giving Dalton Animal Care the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

*All items with * must be completed and forms signed and dated.*

*Last Name:_____ First Name:_____ Spouse:_____

*Address:_____ City:_____ State:_____ Zip:_____

*Phone:_____ Cell:_____

*Place of Employment:_____ *Work Phone:_____ EXT:_____

*Social Security #_____ D.L.#_____ State Issued:_____

Spouse's Employer:_____ Spouse Work#:_____ Spouse Cell:_____

Client's Email:_____ (We will send you reminders for your pet)

DAC may text me regarding my pets. Yes or No (Please Circle) If yes, cell # to use and what company you have

(example AT&T or Verizon) : #_____ Carrier:_____

Did someone recommend us? We would like to thank them! _____

Patient Information

Pet Name:_____	Pet Name:_____	Pet Name:_____
Breed:_____	Breed:_____	Breed:_____
Color:_____	Color:_____	Color:_____
D.O.B_____	D.O.B_____	D.O.B_____
□ Spayed □ Neutered	□ Spayed □ Neutered	□ Spayed □ Neutered
□ Female □ Male	□ Female □ Male	□ Female □ Male

Payment is due when services are provided. How will you pay for today's visit? Cash□ Credit Card□ Check□

All medical procedure, including vaccinations, have some inherent risk. If you have any questions or concerns about procedures and/or vaccinations, please discuss them with the doctor. I consent to DAC using my pet's image, general and medical information on social media.

_____ _____

Signature of Owner Date

DAC Office Use: Client Number_____