

**CLIENT INFORMATION**

Responsible party: \_\_\_\_\_ Secondary contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Referred to us by: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred mode of correspondence: Y or N E-Mail \_\_\_\_\_ Text \_\_\_\_\_ Phone \_\_\_\_\_ U.S. Mail \_\_\_\_\_

In order to write checks we need your D.L.#: \_\_\_\_\_

Can we have your permission to use photos of you and your pets taken here? Yes  No

Would you like information on our Pet Portal & on-line pharmacy? Yes  No

**AUTHORIZATION:**

I hereby authorize the Animal Hospital of Sebastopol to examine, prescribe for, and treat my animals. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges are due at the time services are rendered and that a deposit may be required for surgical treatment.

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date of Birth for prescription drugs: \_\_\_\_\_