AVIAN & EXOTIC CLINIC OF MONTEREY PENINSULA SHANNON A. THOMAS, D.V.M. AMY E. WELLS, D.V.M, M.P.V.M. HILLARY STERN, D.V.M.

CLIENT INFORMATION:	
() New Client () Current	Client – new information and/or new pet
Owner's name (last name first):	
Address:	
Zip:	_ Home Telephone: ()
Employer:	Work Telephone: () What is the best time to call?
May we contact you at work?	What is the best time to call?
Spouse or other contact we can release med	
Name: Telephone:	Relationship:
How did you become aware of our clinic? _ Does your pet have records at another veter	
	←If yes, which hospital?
if yes, may we request them:	— ← ii yes, wiiicii iiospitai:
PATIENT INFORMATION:	
PET NO. 1	PET NO. 2
Name:	Name:
Species:	Species:
Color:	Color:
Birth Date:	Birth Date:
Sex:	Sex:
Diet:	Diet:
Current medication?	Current medication?
Treats?	Treats?
Cage Type:	Cage Type:
Allergies?	Allergies?
Reason for visit?	
described pet(s). I assume responsibi	examine, prescribe for, or treat the above- lity for all charges incurred in the care of this charges will be paid at the time of release and egical treatment.
Please indicate your choice of pa Drivers license and date of birth	ayment: cash check m/c, visa, amex required for checks: DL # Date of birth
	Date of birth
Signature	Date
() I give permission to the Avian and I	Date Exotic Clinic of Monterey to use photographs of
my pets for educational purposes.	