

Pembroke Veterinary Clinic
www.pembrokevetclinic.com
facebook.com/pembrokevet
757-464-0169

CLIENT INFORMATION

Mr. Mrs. Miss Ms. Dr. First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Business Phone _____

Social Security Number (Last 4 digits ONLY) _____ (*required for any form of payment except cash*)

Spouse's Name _____ Spouse Social Security (Last 4 digits ONLY) # _____

Spouses Employer _____ Business Phone _____

E-mail _____

To be able to access Pet Portal through our website (www.pembrokevetclinic.com)

PATIENT INFORMATION	PET #1	PET #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR/MARKINGS			
SEX (MALE/FEMALE)			
SPAYED/NEUTERED?			
May we feature your pet on our Social Media account in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any serious illnesses or surgeries that your pet has had. _____

Please list any allergies to vaccines or medications. _____

Is your pet on any special diets or medications? _____

Please list any person(s) permitted to authorize treatment for or bring your pet to our practice:

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED; WE ACCEPT LOCAL PERSONAL CHECKS, MASTERCARD, VISA, CASH, AND CARE CREDIT.

How were you referred to us (Circle One)? Yellow Pages Yellow Pages (On-line) Hospital Sign AAHA

Facebook Web Browser: _____ Our website www.pembrokevetclinic.com

Other Veterinary Hospital Referral: _____ Community Event: _____

Client Referral: _____

Owner(s) Signature _____

Date _____
 Identification Verification _____