Welcome to our clinic....

We are glad to have the opportunity to care for your pet.
To ensure your pet gets the best care we can offer, please fill out this form completely.

Client Information:

Date: ____/____/____

Owner's Name: _____

Address:_____

City: _____ State: _____ Zip: _____

Drivers License No. _____ Date of Birth: _____/_____/_____

Home Phone: ( )_____ E-mail _____

Employer: _____ Work Phone: ( )_____

Emergency Contact Name: _____

Number of Pets (*please specify type*.) _____

How did you learn about our practice? Whom may we thank?_____

Pet Health History:

Pet #1

Pet's Name: _____ Dog ❑ Cat ❑ Other ❑ Date of Birth:_____

Male ❑ Female ❑ Spayed/Neutered: Y ❑ N ❑ Breed: _____

Color: _____ Micro Chipped? Y ❑ N ❑

Previous History (Include Vaccines): _____

_____

Prior Veterinarian: _____

Pet #2

Pet's Name: _____ Dog ❑ Cat ❑ Other ❑ Date of Birth:_____

Male ❑ Female ❑ Spayed/Neutered: Y ❑ N ❑ Breed: _____

Color: _____ Micro Chipped? Y ❑ N ❑

Previous History (Include Vaccines): _____

_____

Prior Veterinarian: _____

Authorization:

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 the animal. I also understand that all professional fees are due at the time services are rendered.

Signature of Responsible Party: X_____ Date: _____/_____/_____