



CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Spouse/other: \_\_\_\_\_
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip code: \_\_\_\_\_
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
Email address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_
Employed by: \_\_\_\_\_
How did you become aware of our clinic? : \_\_\_\_\_
If recommended, who may we thank? : \_\_\_\_\_

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Pet Information

Pet Name: \_\_\_\_\_ Canine/Feline: \_\_\_\_\_ Breed: \_\_\_\_\_
Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_
Name of previous/current veterinarian: \_\_\_\_\_
Is your pet currently on any medications: Y/N If so which: \_\_\_\_\_
Does your pet have any known allergies? : \_\_\_\_\_
Pet Name: \_\_\_\_\_ Canine/Feline: \_\_\_\_\_ Breed: \_\_\_\_\_
Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_
Name of previous/current veterinarian: \_\_\_\_\_
Is your pet currently on any medications: Y/N If so which: \_\_\_\_\_
Does your pet have any known allergies? : \_\_\_\_\_

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ALL FEES ARE DUE UPON COMPLETION OF SERVICES

Method of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Care Credit \_\_\_\_\_

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorney fees and court costs, in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary, in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_