

Client Information

Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

SS/Drivers License # _____

Home # _____ Cell # _____ Work # _____

E-mail Address _____

Employer _____

Spouse's Cell # _____ Spouse's Work # _____

Spouse's Employer _____

Referred by _____

Pet Information

Dog or Cat Name _____

Age/DOB _____ M or F Neutered/Spayed

Breed _____ Color _____

If new puppy/kitten, where was pet obtained: _____

Vaccination History: Date _____ Location _____

Current medications (if any) _____

Any current/ongoing medical problems: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment(s), etc.

Signature of Owner _____ Date _____