

# WELCOME



## Client Information

Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Receive pet reminders by:  postcard OR  e-mail : \_\_\_\_\_  
e-mail address

Primary Ph #: \_\_\_\_\_ Other Ph #'s \_\_\_\_\_

Cell  Home  Work

Cell  Home  Work

How did you hear of our practice? \_\_\_\_\_

Drivers License \_\_\_\_\_ Exp \_\_\_\_\_ Social Security # \_\_\_\_\_

## Pet Information

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered

Birth Date \_\_\_\_\_  Dog  Cat  Microchipped

Breed \_\_\_\_\_ Color \_\_\_\_\_

## Additional Pets

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered

Birth Date \_\_\_\_\_  Dog  Cat  Microchipped

Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered

Birth Date \_\_\_\_\_  Dog  Cat  Microchipped

Breed \_\_\_\_\_ Color \_\_\_\_\_

## Authorization

*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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.*

Signature \_\_\_\_\_