



# WELCOME



To ensure the best care possible, please take the time to fill out this form completely. Thank you!

Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Owner: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Species: Canine Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male Neutered Female Spayed

Previous Veterinarian(s) where records can be obtained if necessary: \_\_\_\_\_

Is your pet currently on medications? If so, what? \_\_\_\_\_

Please list any other pets you may own \_\_\_\_\_

How did you learn about our clinic? Yellow Pages Recommendation Sign Website

Other: \_\_\_\_\_ If recommended, by whom? \_\_\_\_\_

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

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_