

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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Email: _____

Would you like to receive reminders by email? (circle one) Yes No

Pet Information:

Pet's Name: _____ DOB/Age: _____

Type (circle one): Canine Feline Other (specify) _____

Sex (circle one): Male Female Neutered Spayed

Breed: _____ Color: _____

Primary reason for today's visit: _____

Please list all medications your pet is currently taking: _____

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and 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: _____ Date: _____ / _____ / _____

The information on this form is strictly confidential and is to be used only by this clinic to provide care & treatment for your pet