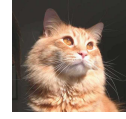




WELCOME



Client ID _____

OWNER INFORMATION

Last Name: _____ First Name: _____

Co-owner _____

Address _____ Apt/Unit # _____

City _____ ST _____ Zip _____

Best number to reach you _____

Ok to leave a message? Yes/No

Alternate number _____

Email Address: _____

Employer: _____ Work Phone: _____

How did you hear about us?

PET HEALTH INFORMATION

Pet's Name: _____ Dog: ___ Cat: ___ Birthdate: _____

Breed: _____ Color: _____ Sex ___ Spayed/Neutered? Y/N

Previous Veterinarian _____

Vaccination History _____

Current Medications _____

Current Diet _____

Microchip Info _____

AUTHORIZATION

I hereby authorize the Veterinarian to examine, prescribe for, or treat my pets. I assume all responsibility for all charges incurred in the care of my pet. **I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.**

Signature of Owner _____ Date: _____