



### Client/Patient Information

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ cell home

Other Phone Number \_\_\_\_\_ cell home

Spouse/Other Cell \_\_\_\_\_ Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dog                      Cat                      Other \_\_\_\_\_

Male                      Neutered

Female                      Spayed

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

Allergies or previous illness? \_\_\_\_\_

### How did you hear of our clinic?

Current client      Clinic sign      Website      Social Media

Individual \_\_\_\_\_

*I assume responsibility for all charges incurred in the care of this animal. I understand that payment is due as services are rendered and that a deposit may be required for hospitalization or surgical treatment. I also understand that medication cannot be dispensed without payment. We will gladly prepare you a written estimate upon request.*

Owner/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

*Signature*

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