



WELCOME

Owner's Name _____ Client

Mailing
address _____ City _____ St _____ Zip _____

Home phone _____ work
phone _____

Cell phone _____ (please star the preferred contact #)

Email address

Emergency contact name _____ Phone _____

How did you hear about
us? _____

Tell us about your pet!

Pet's Name _____ Cat/Dog/Other (specify) _____

Male / Female My Pet Is Spayed Or Neutered? Yes/ No

Age _____ Birth Date _____ Estimated Age (If Birth Date Is Unknown) _____

Breed _____ Color _____ Microchip Number _____

My Pet Came From: Friend / Breeder / Pet Shop / Humane Society / Rescue

My Pet's Diet

Current Medications / Supplements: _____

My Pet Lives: Indoors / Outdoors / Both

Current medical symptoms or problems: _____

Name of Previous Veterinarian: _____

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 my animal. I also understand that all professional fees are due at time services are rendered.

SIGNATURE OF CLIENT _____ DATE _____