

## Client Information:

Date: \_\_\_\_\_

Name (Last Name, First): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer's

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

Email \_\_\_\_\_

Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our practice? \_\_\_\_\_

## Pet Information:

Pet's

Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Spayed/Neutered: No \_\_\_\_\_ Yes \_\_\_\_\_ At what age? \_\_\_\_\_

What age was the pet obtained? \_\_\_\_\_

From: Breeder \_\_\_\_\_ Pet Shop \_\_\_\_\_ Friend \_\_\_\_\_ Humane

Society \_\_\_\_\_ Other \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Current Medications: \_\_\_\_\_

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## Authorization:

***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 the animal. I am also aware that there is a \$45 cancellation fee for each appointment (\$100 charge for any scheduled surgery)***

***cancelled within 24 hours or missed completely. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

***Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_***