

CLIENT AND PATIENT INFORMATION

Owner's Information

Please check one: New client Current client – New pet

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Pet's Information

Pet's name _____ Pet's age OR birthday (if known) _____

Please check:

Species

Dog

Cat

Sex

Male

Female

Neutered or Spayed?

Yes (Around what age? _____)

No

Breed _____ Color/markings _____

How long have you had your pet? _____

Where did you get your pet? (Shelter, pet store, friend, etc.) _____

Is your pet currently taking any medication(s)? Yes No

If yes, please list: _____

Any known drug allergies? Yes No

If yes, please list: _____

When was the last time your pet had a Rabies vaccine? _____

Any other vaccines and when? _____

Authorization

I authorize the veterinarian to examine, prescribe for, and treat the pet described above. I understand that I am responsible for all charges incurred in the care of this animal, and that payment is due at the time that services are rendered. I understand that payment must be made in cash or with a credit/debit card (NO CHECKS).

Date: _____ Signature (of responsible party) _____