

Welcome to
Heart & Soul
Pet Clinic

Authorization to Treat: Client Consent

Client Information

Owner Name: _____ **Spouse/Other Name** _____

Address: _____ **City:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____

Email Address: _____

D.L. Number/State I.D. (required if paying with check or Care Credit): _____

Previous Veterinary Clinic: _____ **May we contact them: YES NO**

Do you qualify for a Senior Discount? (age 60 or older) YES NO

Do you qualify for a Military or First Responder Discount? YES NO

How did you hear of our clinic?

Yellow Pages Internet Location

Referred by (please list name so we know who to thank): _____

May we share your pet(s) picture on social media? YES NO

Authorization:

I hereby authorize the veterinarian of Heart & Soul Pet Clinic to examine, prescribe for, and/or treat the present and future animal(s) listed on my account. I assume financial responsibility for all charges incurred in the care of this (these) animal(s). I am aware that all payment is due at time of service.

Signature of authorized agent: _____ **Date:** _____