



Welcome to our Clinic!

Client Information for acct # _____

Name: _____ Date: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ DOB: _____

Driver's License #: _____

Cell Phone: _____ Work Phone: _____

E-mail: _____

How do you prefer to receive communications from our clinic? (Circle one or more)

Text E-mail Phone Call Postcard

Spouse or Significant Other: _____ Phone: _____



Please tell us about your pets!!

NAME	BREED	AGE	SEX	SPAYED/NEUTERED

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 also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature: _____ Date: _____

CONFIDENTIAL