



**WILDCAT · DREXEL · PAOLA  
VET CLINIC**

Welcome to our Clinic!

**PRIMARY CONTACT:**

Name: \_\_\_\_\_ Home#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Apt/Suite: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 (cell used for appointment reminders)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E-mail will be used for important reminders for Patient Care Due and sending invoices.**

If no e-mail, best way to contact you: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_ 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**