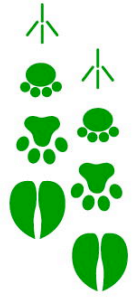


WELCOME



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

CLIENT INFORMATION:

Date _____

Owner _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Spouse's Work _____ Cell _____

Place of Employment _____

Driver's License # _____

Email Address _____

How did you become aware of our clinic?

Sign Yellow Pages Recommendation Internet Other _____

If recommended, by whom? _____

PATIENT INFORMATION	Pet 1	Pet 2	Pet 3
Name			
Dog, Cat, Other (Specify)			
Breed			
Date of Birth			
Color			
Sex: Male or Female			
Spayed or Neutered: Yes or No			
<i>Vaccination History-</i> Give date of last yearly check-up			
Does your pet have a microchip: Yes or No			

Any previous illnesses or injuries? _____

Any allergies to vaccinations or medications (please list)? _____

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be requested for surgical treatment.

Signature of owner _____ Date _____

Method of payment Cash Check Mastercard Visa Other _____