



Attention Clients

All pets are required to be on a leash or in a secure pet carrier

Client Information

Name (First & Last) _____ Date _____

Address _____ City/State/Zip _____

Home Phone () _____ Cell () _____ Work () _____

Email Address _____

Pet Information

Pet Name _____ Dog Cat Sex M F Spayed Neutered

Birth date _____ Breed _____ Color _____

List pet's current medications if any _____

Primary reason for today's visit _____

List pet's symptoms and how long experienced _____

Has your pet been vaccinated? []Yes []No When? _____

How did you hear about us?

- Google
- Referral _____
- Driving by – Saw sign
- Live in Neighborhood
- Existing client with new pet
- Other _____

Authorization

NOTICE TO CLIENTS- WE DO NOT ACCEPT AMERICAN EXPRESS OR CHECKS. 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 IN FULL AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____