



# Client and Patient Information

## Client (Owner) information:

## Spouse/Other information:

Owner Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #'s:

Home: \_\_\_\_\_

Phone #'s:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Yes, I would like to receive information by email: \_\_\_\_\_

How did you become aware of our clinic?  Current client  Drove By  Internet

Referral: Whom should we thank: \_\_\_\_\_: Other

## Patient (Animal's) Information

Name:	Dog/Cat	Breed	Color	Male/Female Neutered/Spayed	Birthdate
1.					
2.					
3.					
4.					
5.					

## Authorization

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that all fees are due at the time services are rendered.**

Signature of responsible party \_\_\_\_\_

Date \_\_\_\_\_