



PROSPECT ANIMAL CLINIC

CLIENT INFORMATION

Owner _____ SS# _____

Address _____ Zip code _____

Spouse _____ SS# _____

Drivers License Number _____ Employer _____

Phone: Home _____ Cell _____ Work _____

Preferred Contact Number (Circle one): Home Cell Work

Emergency Contact Name _____ Phone _____

How did you learn about our clinic?

__ Yellow Pages __ Website __ Facebook __ Google+ __ Referred _____

PET HEALTH HISTORY

Name _____ Dog Cat / Male Female / Spayed Neutered

Breed _____ Color _____ Birthday ____/____/____

Reason for Visit? _____

Current Medications? _____

Allergies/Medical conditions? _____

On monthly Heartworm Prevention? yes no / Flea Prevention? yes no

Vaccination History: Please attach any available vaccination records so our receptionists may update your animal's medical history. If not immediately available, please provide us with the prior veterinary clinic name and phone number so we may have the records faxed to our clinic.

Veterinary Clinic Name _____ Phone _____

**I grant to Prospect Animal Clinic and its representatives the right to take photos of my pet and/or me, and to copyright, use, and publish the same in print and/or electronically. I agree that Prospect Animal Clinic may use said photos of me and/or my pet with/without my name for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. _____ I grant permission to take photos of me and/or my pet

_____ I do NOT permit photos taken of me and/or my pet

TREATMENT AUTHORIZATION & PAYMENT POLICY

I hereby authorize the veterinarian's of Prospect Animal Clinic to examine, prescribe for, or treat the above described pet. I understand **PAYMENT IS DUE AT TIME OF SERVICE** and assume responsibility for all charges incurred in the care of this animal.

Signature _____ Date ____/____/____