



CLIENT INFORMATION

Owner _____ SS# _____

Address _____

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 _____

AUTHORIZATION

I hereby authorize the veterinarian 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 ____/____/____