



Welcome to our Clinic!

Client Information for acct # \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do you prefer to receive communications from our clinic? (Circle one or more)

Text                  E-mail                  Phone Call                  Postcard

Spouse or Significant Other: \_\_\_\_\_ Phone: \_\_\_\_\_



Please tell us about your pets!!

NAME	BREED	AGE	SEX	SPAYED/NEUTERED

Authorization

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 AT THE TIME SERVICES ARE RENDERED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONFIDENTIAL