



Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Owner _____ Date _____

Address _____
(City) (State) (Zip Code)

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse _____ Spouse Work # _____ Spouse Cell# _____

Emergency Contact Name _____ Phone _____

How did you learn about us? Internet Phone Book Drove by Previous Client Other _____

Referred by: _____

Pet Information

Pet's Name _____ Dog Cat Other _____

Breed _____ Color/Description _____

Birth Date/Age _____ Male Female Spayed/Neutered Microchip/Tattoo _____

Vaccination History _____
(Date and type of last vaccinations)

Where did you obtain this pet? _____ How old was this pet when you obtained it? _____

Which best describes this pet: Lives inside Lives outside Lives in & out Show Child's pet

Pet's current medications _____ Heartworm Flea Prevention

Authorization

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered**. Please feel free to ask for an **estimate** prior to providing services. If at any time you are not satisfied with our service, please let us know. We will be happy to answer your questions. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Owner _____ Date _____

Photo/Video Release

I hereby grant 190 Animal Clinic permission to use, reuse, publish and broadcast in any and all media, my name and the photographs or video footage taken of me or my pet in which I may be included with others. I release 190 Animal Clinic from any demands arising out of the use of photograph, video and audio material including, without limitation, all claims for libel or invasion of privacy. I am of legal age and able to enter into a contract in my own name.

Signature of Owner _____ Date _____