



CLINIC USE ONLY	
Account #: _____	Staff: _____
Date: _____	

Thank you for giving Animal Medical Clinic the opportunity to care for your pet. So that we may become better acquainted, please provide the following information.

**Client/Owner Information**

**Owner:** Dr /Mr. /Mrs. /Ms. \_\_\_\_\_ **Spouse (Co-Owner):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Driver's License** (used for check writing privileges): \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Spouse/Co-Owner Phone:** \_\_\_\_\_ **Spouse/Co-Owner Work Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please tell us how you found our hospital:**  Animal Medical Clinic Website  Hospital Sign  Google

Personal Recommendation – Who may we thank? \_\_\_\_\_

**Patient Information** – Please provide the following information for each of your pets.

- 1. **Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Age/ Date of Birth:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Color/Markings:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed**  **Neutered**   
**Previous Veterinarian, so we may call and get records:** \_\_\_\_\_  
**Brand of Food Fed:** \_\_\_\_\_ **How much do you feed per day:** \_\_\_\_\_
- 2. **Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Age/ Date of Birth:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Color/Markings:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed**  **Neutered**   
**Previous Veterinarian, so we may call and get records:** \_\_\_\_\_  
**Brand of Food Fed:** \_\_\_\_\_ **How much do you feed per day:** \_\_\_\_\_

**Authorization**

I hereby authorize the veterinarians of Animal Medical Clinic to examine, prescribe for and /or treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid at the time of release and that a deposit may be required.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_