



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: _____ **Cell 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:** _____