



Print and fill out this form for your first visit,

Doing so will help us to help you more quickly

*** TO HELP PROTECT AGAINST CHECK AND CREDIT CARD FRAUD, WE REQUIRE 2 FORMS OF I.D.***

Client Information: (Please Print)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Mobile Number: _____

Email address: _____

Secondary Owner: _____ Phone Number: _____

ONLY PERSONS LISTED ABOVE HAVE THE AUTHORITY TO CONSENT TO MEDICAL TREATMENT AND RECEIVE INFORMATION PERTAINING TO THE PETS LISTED ON THE ACCOUNT. PAYMENT IS EXPECTED AT THE TIME OF SERVICE AND FROM THE INDIVIDUAL PRESENT AND CONSENTING TO TREATMENT

Patient Information:

Dog / Cat	Name	Breed	Age / DOB	M/F	S/N	Color / Description

Previous Veterinarian: _____ Phone Number: _____

How did you hear about us? Google Sign/Walk-In Client Referral Internet: _____

I AUTHORIZE THE RELEASE OF VACCINE INFO ON MY PETS IF NEEDED, BY OTHER VETERINARIANS, GROOMERS, KENNELS, OR PROPER AUTHORITES: YES ___ NO ___

I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I ASSUME FULL RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL(S). I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND THAT ALL INFORMATION LISTED IS CORRECT.

Primary Owner Signature: _____ Date: _____

Secondary Owner Signature: _____ Date: _____

Clinic use / Office use:

Client ID: _____ Entered By: _____