

<b>Client Name(s)</b>		<b>Date</b>
<b>Primary Contact</b> Name:  Phone Number:	<b>Secondary Contact</b> Name:  Phone Number:	<b>Phone Number For Texting</b>  Carrier (circle one): <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint/T-Mobile <input type="checkbox"/> Verizon
<b>Mailing Address</b>		<b>Emergency Contact</b> Name:  Phone Number:
<b>Email Address</b>		

<b>How did you hear of our clinic?</b> <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Sign <input type="checkbox"/> Online Review Which website? _____ <input type="checkbox"/> Personal Referral Name of person: _____ <input type="checkbox"/> Other Please specify _____	<b>What is the reason for today's visit?</b>  _____
	<b>How many pets do you have?</b> Cats:  Dogs:  Other:

Pet Name	Species (K9 or Fe)	Age	Breed	Color	Previous Vaccines with Dates

<p><b>Authorization: Please Read and Sign</b></p> <p>I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release of the animal(s), and that a deposit may be required for surgical treatment.</p> <p>Signature of Owner: _____ Date: _____</p>
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**Please note that payment is due when services are rendered. We accept:**

- Cash   •Check   •Debit   •Visa   •Mastercard   •Discover   •American Express   •Care Credit