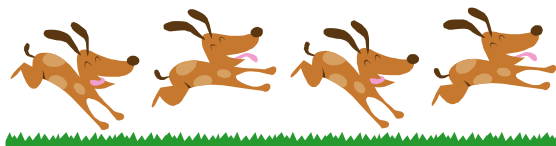


# WELCOME



## Client Information

Owner \_\_\_\_\_ Date \_\_\_\_\_ .  
Address \_\_\_\_\_ Apt. \_\_\_\_\_ .  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ .  
Receive pet reminders by:  postcard OR  e-mail : \_\_\_\_\_ .  
e-mail address  
Primary Ph #: \_\_\_\_\_ Other Ph #'s \_\_\_\_\_ .  
description & number description & number  
How did you hear of our practice? \_\_\_\_\_ .  
Drivers License \_\_\_\_\_ Exp \_\_\_\_\_ Social Security # \_\_\_\_\_ .

## Pet Information

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered?  
Birthdate \_\_\_\_\_  Dog  Cat  
Breed \_\_\_\_\_ Color \_\_\_\_\_ .

## Additional Pets

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered?  
Birthdate \_\_\_\_\_  Dog  Cat  
Breed \_\_\_\_\_ Color \_\_\_\_\_ .

Pet Name \_\_\_\_\_  Male  Female  Spayed/Neutered?  
Birthdate \_\_\_\_\_  Dog  Cat  
Breed \_\_\_\_\_ Color \_\_\_\_\_ .

## Authorization

*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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.* \_\_\_\_\_