



WELCOME TO OUR PRACTICE

Serving The Metroplex Since 1949

Client Information

Date: _____ Social Security #: _____ Birthdate: _____
 Name (Last Name First): _____
 Address: _____ City/State: _____ Zip: _____
 Home Phone:(____) _____ Cell Phone:(____) _____
 Employer: _____ Work Phone:(____) _____
 Spouse's name: _____ Spouse's Cell Phone:(____) _____
 E-mail Address: _____
 Emergency Contact Name: _____ Phone:(____) _____
 How did you learn about our practice?: _____
 Number of pets (please specify by type): _____

Pet Information

PET NO. 1
 Name: _____
 Species: Cat Dog Other _____
 Birthdate: _____ or Age: _____ Color: _____
 Breed: _____ Sex: _____
 Neutered?: _____ Date: _____
 Does your pet have a microchip? _____
 Date Last Vaccination: _____
 Last Rabies Vaccination: _____
 Any Long Term Problems: _____

 Current Medications, if any: _____

PET NO. 2
 Name: _____
 Species: Cat Dog Other _____
 Birthdate: _____ or Age: _____ Color: _____
 Breed: _____ Sex: _____
 Neutered?: _____ Date: _____
 Does your pet have a microchip? _____
 Date Last Vaccination: _____
 Last Rabies Vaccination: _____
 Any Long Term Problems: _____

 Current Medications, if any: _____

Reason for Visit

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 surgical treatment.

Signature of client responsible for pet(s): _____ Date: _____

CONFIDENTIAL