

ABC Animal Clinic

The information we have requested on this form will enable us to get better acquainted with you and your pet(s). This is important because our goal is to appreciate and care for you pet, not merely as an animal, but as a family companion and member of your household.

	PET #1	PET #2	PET #3	PET #4
PET'S NAME				
SPECIES				
BREED				
COLOR & MARKINGS				
SEX				
SPAYED OR NEUTERED				
AGE AND/OR DATE OF BIRTH				
LAST VACCINATION				
MAJOR SURGERIES				
MAJOR ILLNESS				
ADDITIONAL INFORMATION				

CLIENT INFORMATION

Name: _____

LAST

FIRST

MIDDLE INITIAL

Address: _____

STREET

CITY

ZIP CODE

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Spouse's/Other's Name: _____

LAST

FIRST

MIDDLE INITIAL

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Phone: _____

Email Address: _____ @ _____

Previous Veterinarian(s) where past records could be obtained if necessary: _____

How did you hear of us? Personal Recommendation From: _____ Internet, Please Specify _____

Phone Book Website Newspaper Mailer Other, Please Specify _____

I confirm I am 18 years old (or older) and I am the owner (or authorized agent of the owner) for the pet(s) listed above. With my signature, I authorize the veterinarians and staff at ABC Animal Clinic to examine, treat, administer medications, and perform diagnostic and surgical procedures for my pet. I understand that an estimate of the fees for veterinary services will be provided to me before such services are rendered. I am also aware of the risk of anesthesia and surgery. No personnel on premises after clinic hours. I also agree to assume responsibility for all charges incurred in the care of my pet(s). I understand that the treatment of the patient(s) will be conducted with due care and in accordance with the prevailing standards of care in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the provider. I understand that full payment is due at the time services are rendered, and the ABC Animal Clinic does not bill services or provide payment plans for treatment. Payment must be made with cash, Visa, MasterCard, Discover, American Express, Debit Card or CareCredit.

I acknowledge that I have read, understand and agree with the above information.

Signature: _____ Date: _____