



WELCOME

TO OUR PRACTICE

CLIENT INFORMATION

Client ID #: _____
(Office Use Only)

Name (last, name first): _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Employer: _____

Work Phone: (____) _____ Employer's Address: _____

Emergency Contact: _____ Phone: (____) _____

Relationship to Emergency Contact _____

How did you hear about our practice? _____

Pets in the household (please specify) _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Client's Signature: _____ Date: _____