



**Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:**

**PET INFORMATION:**

**Pet's Name** \_\_\_\_\_ **Species:** CANINE / FELINE / Other \_\_\_\_\_  
**Breed** \_\_\_\_\_ **Birth date** \_\_\_\_\_  
**Color / Description** \_\_\_\_\_ **Lives mostly:** INDOORS / OUTDOORS  
**Sex:** \_\_\_\_\_ **MALE** \_\_\_\_\_ **MALE - NEUTERED**  
\_\_\_\_\_ **FEMALE** \_\_\_\_\_ **FEMALE - SPAYED**  
**Diet (name of food)** \_\_\_\_\_  
**Treats (brand name)** \_\_\_\_\_ **Shampoo/Flea Products** \_\_\_\_\_  
**Name of Previous/Current Veterinarian** \_\_\_\_\_  
**Medications** \_\_\_\_\_

**CLIENT INFORMATION:**

**Owner's Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Owner's E-mail Address** \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Spouse/Other Name** \_\_\_\_\_ **Spouse/Other Phone** \_\_\_\_\_

**Upon request we will gladly prepare a written estimate, just ask one of our technicians.**

**Payment is due at the time services are rendered.**

**To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all vaccines.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet listed above. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

**Clients: We need to make a copy of your drivers license for our records - THANK YOU!**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_