

**WELCOME
TO
ANIMAL CARE HOSPITAL**

CLIENT INFORMATION

Owner Name: _____ Spouse's/Other Name _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

E-Mail (Optional) _____

Driver's License Number/State I.D. (REQUIRED IF PAYING BY CHECK): _____

Previous Veterinary Clinic: _____

May we contact them to receive a copy of your records? _____

Do you qualify for our **Senior Citizen Discount?** (age 60 or older) _____

How did you hear of our clinic?

Yellow pages _____ Internet _____ Location _____ Referred by _____

Primary reason for your visit today: _____

May we use your pet's picture on Social Media? Yes No

PET INFORMATION

Name: _____ Canine Feline Other

Breed: _____ Sex: Male Female Spayed/Neutered

Date of Birth (or approximate age): _____ Color(s): _____

Current on Vaccines: Yes No

OTHER PETS

Name	Species	Breed	Date of Birth	Sex	Color	Medical Problems
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1	_____	_____	_____	_____	_____	_____
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2	_____	_____	_____	_____	_____	_____
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AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above named pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand **ALL FEES ARE DUE AT TIME OF SERVICE**. Due to chronic problems of clients not showing up for appointments, there will be a \$31 CHARGE FOR ALL MISSED APPOINTMENTS THAT DO NOT CALL PRIOR TO THE APPOINTMENT TIME.

Signature of owner or authorized agent _____ Date: _____

ANY PET LEFT IN THE HOSPITAL FOR MORE THEN 5 DAYS AFTER ASSIGNED PICK UP WILL BECOME PROPERTY OF ANIMAL CARE HOSPITAL TO DO WITH AS WE SEE FIT