Wales animal clinic
where paws are in good hands

To insure the best care possible, please take the time to fill in this form completely. Thank you!

Client Information

Name(s): #1:_____ #2:_ _____
Cell Phone #1: (____)_____Cell Phone #2: (____)_____
Address: _____ City/State/Zip:_____
Home phone:(___)_____Employer: _____
Work phone: (___)_____ Employer Address: _____
Non Owner Emergency Contact Name: _____Phone: (____)_____
****Email** (***PLEASE*** Provide):_____

How did you learn about our practice? **0** Clinic Sign **0** Humane Society **0** Internet Ad
0 Yellow pages **0** Website **0** Referred By_____
Number of pets in household (please specify by type): _____

Primary reason for visit: _____

Pet Information

Pet's Name: _____ 0 Dog 0 Cat 0 Other _____
Sex: **0** Male **0** Neutered **0** Female **0** Spayed
Birthdate: _____ Breed: _____ Color: _____
List your pet's current medication(s)_____

Please check any symptoms or problems you've noticed with your pet:

0 Appetite Loss	0 Gagging	0 Sneezing
0 Behavioral Changes	0 Gums bleeding/bad breath	0 Thirst
0 Breathing Problems	0 Limping	0 Urination Increase
0 Coughing	0 Loss of Balance	0 Vomiting
0 Depression	0 Scooting	0 Weakness
0 Diarrhea	0 Scratching	0 Rash
0 Eye Disorders: _____	0 Shaking Head	0 Other: _____

Please list below any other parties who you authorize to give consent for the treatment of any/all pet(s) associated with your account. Please understand you are assuming responsibility for any decisions they make regarding your pet(s) as well as all financial obligations associated with those decisions, regardless of the outcome. (All parties listed below must be at least 18 years of age) *Client is responsible to notify Wales Animal Clinic of any changes to this form.*

Name(s):_____Phone:_____

If your pet is found by someone, may we release your information to that person to help ensure a speedy homecoming? _____Yes _____No

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 this animal. I also understand that these ***charges will be paid at the time of release*** *and that a deposit may be required for inpatient treatment or special order medication.* Treatment plans always available by request.

Signature of Owner: _____Date: _____