



### Client Information

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ E-mail Reminders:  Yes  No

How did you learn about our clinic?

Yellow Pages  Sign  Internet  Recommendation

Please let us know who recommended you so we can thank them: \_\_\_\_\_

### Pet Health History

Pet Name: \_\_\_\_\_ Species:  Canine  Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Sex: \_\_\_\_\_  Neutered  Spayed

Current Medical Problems?: No  Yes  Please explain: \_\_\_\_\_

Vaccine's Current?: No  Yes  Where?: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Current Diet: \_\_\_\_\_

### Authorization

I hereby authorize Dr. Bob Cross to examine, prescribe for, or treat the above described pet. I assume the 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 surgical treatment.

Method of Payment:  Cash  Credit/Debit Card  Care Credit  Check

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_