

AVIAN & EXOTIC CLINIC OF MONTEREY PENINSULA
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CLIENT INFORMATION:

New Client **Current Client – new information and/or new pet**

Owner's name (last name first): _____
Address: _____
City: _____ Zip: _____ Home Telephone: () _____
Employer: _____ Cell Number: () _____
Email Address: _____
Spouse or other contact we can release medical information to:
Name: _____ Telephone: _____ Relationship: _____
How did you become aware of our clinic? _____
Does your pet have records at another veterinary hospital? _____
If yes, may we request them? _____ ← If yes, which hospital? _____

PATIENT INFORMATION:

PET NO. 1

Name: _____
Breed: _____
Color: _____
Birth Date: _____
Sex: _____
Diet: _____

PET NO. 2

Name: _____
Breed: _____
Color: _____
Birth Date: _____
Sex: _____
Diet: _____

Reason for visit? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). 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 surgical treatment.

For Your convenience we accept VISA, Mastercard, ATM, American Express, Discover, Cash and Checks.

Date _____ Signature _____

I give permission to The Avian and Exotic Clinic of Monterey to use photographs of my pet(s) for educational purposes.