

303 Animal Clinic

Client Information

Last Name _____ First Name _____ Middle Initial _____

Spouse or Co-Owner _____

Address _____ City/State /Zip Code _____

Home Phone _____ Cell Phone _____

Owner 's Employer _____ Daytime Phone _____

Owner Soc.Sec.# _____ Driver's License # _____ DOB _____

Spouse/Co-Owner Soc.Sec.# _____ Driver's License # _____ DOB _____

Spouse/Co-Owner Employer _____ Daytime Phone _____

Email Address _____

How did you hear about our practice? _____

Pet Information

	Pet Number One	Pet Number Two	Pet Number Three
Pet's Name			
Breed			
Date of Birth / Age			
Sex (spayed or neutered)			
Color			

Professional fees are to be paid at the time services are rendered. There will be a \$30.00 fee on all returned checks and delinquent accounts. Please read carefully, an adult signature is necessary before exam or treatment.

I hereby consent and authorize the 303 Animal Clinic, its doctors, servants and representatives to administer such treatment, diagnostic, surgical and anesthetic procedures, as they deem necessary. None of the above will be liable and responsible in any manner whatever, under any circumstances, for the care, treatment or safekeeping of the animal described above, as it is thoroughly understood I assume all risks. I hereby certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I assume full financial responsibility for all charges incurred to patient, consent to release medical information and authorize direct payment to 303 Animal Clinic.

Signature of Person responsible for pet(s)

_____ Date _____