



# 2020 Client Update

Date \_\_\_\_\_

## Pet Owner Information

Owner Names (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Email\* \_\_\_\_\_ \*By providing your email, you are granting Animal Care Clinic permission to periodically contact you via email. Typically, these are reminders, updates, or other important information. We will not spam you.

How did you learn about our practice? \_\_\_\_\_

Do you have other pets? If so, please let us know the number and type.

(Specify by type) \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Male  Female

Neutered / Spayed? Yes  No  Declawed (cats)? Yes  No

Breed \_\_\_\_\_ Description \_\_\_\_\_

Please describe your pet's diet \_\_\_\_\_

May we ask your previous veterinarian for your pet's records, please? Yes  No

Hospital Name \_\_\_\_\_ Location \_\_\_\_\_

Hospital Phone \_\_\_\_\_

### Authorization

I hereby authorize Animal Care Clinic's staff to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the animal. **I understand that All Professional Fees are due at the time services are rendered. I also authorize Animal Care Clinic to contact me by phone, mail, and email in the future.**

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_