



NEW CLIENT/PET INFORMATION SHEET

Owner's Name: _____
Last First MI Partner/Spouse Name

Address: _____
Number Street City State Zip

Phone #s: _____
Primary Number Work Cell Spouse/Partner Primary Number

E-mail: _____

Owner's DOB: _____ **Employer:** _____

Employers Address: _____
City State

Drivers License # _____

Who is your regular veterinarian?
 Regular Veterinarian's Name: _____ **Hospital** _____

Pet's Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Sex:** M F Spayed/Neutered **Birth Date:** _____ **Microchip #** _____

Pet's Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Sex:** M F Spayed/Neutered **Birth Date:** _____ **Microchip #** _____

Please sign the following authorization for treatment:

I authorize the staff of PetCare Veterinary Hospital to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.** I understand a billing fee will be applied to all accounts unpaid after 30 days, with a periodic interest rate of 1.5% per month or 18% APR.

x

Signature of Owner, Agent, or Good Samaritan **Date**

Authorization for use of Pet's Photo:

On occasion, PetCare takes photos of our client's pets for various uses including: educational purposes on social networking sites, slideshows, and in advertising materials. Your name will never be used; however we may want to use your pet's name.

I authorize PetCare to use my pet's photo: **x**

Signature of Owner, Agent **Date**