

HUEYTOWN VETERINARY CLINIC

Patient/Client Information

Date _____

**Owner's Name* _____

* **Owner's SSN** _____

* **Owner's Driver License #** _____

* Spouse/Co-Owner _____

**Street Address* _____

**City* _____ **State* _____

**Zip Code* _____

Mailing Address (if different from above)

**Home Telephone* _____

Work Telephone _____

**Owner's Cell Phone* _____

Spouse/Co-owner cell _____

**E-mail Address* _____

**Preferred Method of Communication: Email or Phone*

Employer's Name and Address _____

Spouse's/Co-Owner's Employer Name and Address

**At what phone number is it best to call you about your pet?*

**In case of EMERGENCY, please call* _____ *at telephone number*

***PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES**

ARE RENDERED

***ANIMAL MEDICAL HISTORY (Please complete all information for each pet)**

	PET #1	PET #2	PET #3
NAME			
SPECIES (DOG, CAT, OTHER)			
BREED			
Description (color)			
AGE (YEARS)			
DATE OF BIRTH			
SEX (M OR F)			
NEUTERED OR SPAYED			
IS YOUR PET MICROCHIPPED			

Upon admission of my pet(s) to this veterinary facility, I thereby give my permission to the doctors therewith associated to perform any and all indicated and appropriate medical and surgical procedures necessary in their efforts to sustain and support its (their) health.

I also give my permission for any elective, medical, surgical and/or diagnostic procedure(s) requested by me or my agent to be performed. I further agree that the doctors and staff of this clinic shall not be held responsible in the event of disability and/or death associated with any of the above procedures.

I further agree to pay the normal charges for these medical and surgical services and, as to the charges therefore, waive rights of exemption and agree to pay cost of collection, including attorney fees.

Signed: _____ Date: _____

