



# All County Animal Hospital

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## CLIENT INFORMATION

Owner's Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ DOB \_\_\_\_\_

Type of Animal \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Sex \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Diet \_\_\_\_\_

Current Medications (including heartworm/flea) \_\_\_\_\_

Please List Other Pets in Household \_\_\_\_\_

## AUTHORIZATION

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*

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