



Attention New Clients: We no longer accept checks and American Express Credit Card.

Client Information

Name (Last Name First) _____ Date _____

Address _____ City/State/Zip _____

Home Phone_() _____ Cell_() _____ Work_() _____ Email address _____

Primary reason for today's visit _____

Pet Information

Pets Name _____ Dog ___ Cat ___ Sex-M ___ F ___ Spayed ___ Neutered ___

Birthdate _____ Breed _____ Color _____

List current medications if on any _____

List of symptoms and duration of symptoms your pet is currently having _____

How did you hear about us:

- Google
- Driving by – Saw sign
- Referral
- Dr. Hunt w / New pet
- Live in Neighborhood

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 client responsible for pet(s) _____ Date _____