



# 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: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

## PET INFORMATION

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

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

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

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

What brand food are you using?: \_\_\_\_\_

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: \_\_\_\_\_