

# Companion Animal Care

*We are glad to have the opportunity to care for your pet.*

## Client Information

Date: \_\_\_/\_\_\_/\_\_\_ Client Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_  
Primary's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse's Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ (family/friend) Phone: \_\_\_\_\_  
Referred By: \_\_\_\_\_

## Pet Information

Pet Name: 1. \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
3. \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

1. (Canine/Feline/Exotic) Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
2. (Canine/Feline/Exotic) Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
3. (Canine/Feline/Exotic) Breed: \_\_\_\_\_ Color: \_\_\_\_\_

1. Sex: M [ ] F [ ] Neutered/Spayed: Y [ ] N [ ]  
2. Sex: M [ ] F [ ] Neutered/Spayed: Y [ ] N [ ]  
3. Sex: M [ ] F [ ] Neutered/Spayed: Y [ ] N [ ]

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). **I also understand that all professional fees are due at the time services are rendered.***

Signature of responsible party: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

*The information on the form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.*