



Healthy Paws Veterinary Center

Microchip # _____

Hill's Acct # _____

Medical Problems List:

Date _____

CLIENT INFORMATION

Owner's Last Name _____ First Name _____ DL# _____

Spouse/Other's Last Name _____ First Name _____ DL# _____

Address _____ Apt# _____

City _____ State _____ Zip _____ Email _____

Phone Numbers:

	Owner	Spouse/Other
Home	()	()
Work	()	()
Cell	()	()
Other	()	()

Employer Name _____ Spouse/Other Employer _____

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? Sign/Drive-by Yellow Pages Lazerset Coupon Website
 Personal Reference _____

PET INFORMATION

Name _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations): _____

Pet's current medications: _____

PAYMENT AND AUTHORIZATION

Method of payment Cash Check* Visa Mastercard Discover American Express

*A copy of your current driver's license is required when paying with a check.

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____