



Healthy Paws Veterinary Center

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 | () | () |
| Cell | () | () |
| Other | () | () |

Emergency Contact Name _____ Phone _____

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

Personal Reference _____

PET # 1 INFORMATION

Name _____ Dog Cat Male Neutered Female Spayed

Breed _____ Color _____ Birthdate _____

Previous Veterinary Clinic: _____

PET # 2 INFORMATION

Name _____ Dog Cat Male Neutered Female Spayed

Breed _____ Color _____ Birthdate _____

Previous Veterinary Clinic: _____

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 _____