



# Client / Pet Information Sheet

Owner's Name: \_\_\_\_\_  

Last Name
First Name
MI
Spouse / Co-Owner's First Name

Address: \_\_\_\_\_  

Number
Street
Apt #
City
State
Zip

Phone Numbers: \_\_\_\_\_  

Home
Work
Other

**E-mail:** \_\_\_\_\_

Referred By:    Yellow Pages (book)    Yellow Pages (internet/website)    Hospital Sign    Newspaper

Client: \_\_\_\_\_    Veterinarian: \_\_\_\_\_

Humane Society/Pet Store: \_\_\_\_\_    Other: \_\_\_\_\_

|   |   |
|---|---|
| D.O.B.: _____<br>Employer: _____<br>Employer's Address: _____<br>_____<br>City: _____    State: _____<br>Other Information: _____ | D.O.B.: _____<br>Employer: _____<br>Employer's Address: _____<br>_____<br>City: _____    State: _____<br>Other Information: _____ |
|---|---|

Pet's Name: \_\_\_\_\_    Species: \_\_\_\_\_    Breed: \_\_\_\_\_

Color: \_\_\_\_\_    Sex:    M    F    Altered    Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_    Microchip/Tattoo #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_    Species: \_\_\_\_\_    Breed: \_\_\_\_\_

Color: \_\_\_\_\_    Sex:    M    F    Altered    Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_    Microchip/Tattoo #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_    Species: \_\_\_\_\_    Breed: \_\_\_\_\_

Color: \_\_\_\_\_    Sex:    M    F    Altered    Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_    Microchip/Tattoo #: \_\_\_\_\_

**Please Sign The Following Authorization For Treatment**

I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner, Agent, or Good Samaritan    Date    Signature of Spouse    Date

Please Circle Your Method of Payment    Cash    Check    Visa    MasterCard    Discover    American Express