



# Client / Pet Information Sheet

Owner's Name: \_\_\_\_\_  
Last Name First Name MI Spouse's First Name

Address: \_\_\_\_\_  
Number Street 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: \_\_\_\_\_

Driver's License #: _____ State: _____	Spouse's Driver's License #: _____ State: _____
Date of Birth: _____	Spouse's Date of Birth: _____
Employer: _____	Spouse's Employer: _____
Employer's Address: _____	Spouse's Employer's Address: _____
City: _____ State: _____	City: _____ State: _____

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

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

Vaccination/Booster Shot Date: \_\_\_\_\_ Rabies: \_\_\_\_\_

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

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

Vaccination/Booster Shot Date: \_\_\_\_\_ Rabies: \_\_\_\_\_

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

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

Vaccination/Booster Shot Date: \_\_\_\_\_ Rabies: \_\_\_\_\_

**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 (circle one) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

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