



Client / Pet Information Sheet

Owner's Name: _____
Last Name First Name Spouse's Last Name Spouse's First Name

Address: _____
Number Street City State Zip

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Work Spouse's Work

E-Mail: _____

Referred By: Friend Company Yellow Pages Hospital Sign Newspaper

Client: _____ Veterinarian: _____

Web Site: _____ Your e-mail: _____

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Driver's Lic. #: _____ State: _____
D.O.B.: _____
Employer: _____
Employer's Address: _____

City / State: _____

**S
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Driver's Lic. #: _____ State: _____
D.O.B.: _____
Employer: _____
Employer's Address: _____

City / State: _____

Pet's Name: _____ Breed: _____ Color: _____
Canine Feline Other _____ Sex: M F Altered Birth Date: _____
Microchip Yes No

Pet's Name: _____ Breed: _____ Color: _____
Canine Feline Other _____ Sex: M F Altered Birth Date: _____
Microchip Yes No

Pet's Name: _____ Breed: _____ Color: _____
Canine Feline Other _____ Sex: M F Altered Birth Date: _____
Microchip Yes No

Pet's Name: _____ Breed: _____ Color: _____
Canine Feline Other _____ Sex: M F Altered Birth Date: _____
Microchip Yes No

Please Sign The Following Authorization For Treatment

I hereby authorize the staff of Cats & Dogs Animal Hospital to render any treatment which 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, Good Samaritan (Circle one)

Signature of Spouse