



## **NEW CLIENT & PET INFORMATION**

**Owner's Name** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
*Street Address (Apt #) City State Zip*

Home phone \_\_\_\_\_ Cellular/pager \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ ext # \_\_\_\_\_ May we phone you at work? \_\_\_\_\_

Spouse/Other Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address \_\_\_\_\_ May we email you? \_\_\_\_\_

How did you hear about us?  Referral \_\_\_\_\_  Sign/Location  Google  Yelp  Other

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## **Pet Information**

**Pet's name** \_\_\_\_\_ Age \_\_\_\_\_ Sex:  male  female  spay  neutered

Dog  Cat  Bird  Ferret  Reptile  Other \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Current medical problems? \_\_\_\_\_

Current medications \_\_\_\_\_

Previous Veterinarian(s) for past records \_\_\_\_\_

Would you like to be present during your pet's exam/treatments? \_\_\_\_\_

I authorize the release of veterinary information to Animal Medical Center of the Village representatives.

**Signature of owner or responsible party** \_\_\_\_\_  
*(For additional pets, go to second page)*

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I authorize the release of veterinary information to Animal Medical Center of the Village representatives.

I, the undersigned, certify that I am the owner or authorized agent for the owner of above listed pet(s), and accept full financial responsibility. I accept that full payment for services and products is expected at the time my pet is discharged, and agree to pay all charges associated with these treatments according to the policies set forth by the practice.

**Signature of owner or responsible party:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_