



VILLAGE VETERINARY HOSPITAL

Client Information

DATE: _____

NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____

DRIVERS LICENSE NUMBER: _____ OR SS#: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

PET #1 NAME: _____ DOB/AGE: _____ BREED: _____

COLOR: _____ SEX: _____ SPAYED/NEUTERED? _____

PET #2 NAME: _____ DOB/AGE: _____ BREED: _____

COLOR: _____ SEX: _____ SPAYED/NEUTERED? _____

PREVIOUS VETERINARIAN? _____

HOW DID YOU HEAR ABOUT US? _____

IF YOUR ANIMAL IS BROUGHT TO US IN AN EMERGENCY SITUATION WITHOUT YOUR KNOWLEDGE, DO YOU AUTHORIZE AND CONSENT TO TREATMENT FOR STABILIZATION UNTIL SUCH TIME AS YOU CAN BE CONTACTED? YES _____ NO _____

I assume responsibility for all charges incurred in the care of all of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments. A \$30.00 fee will be charged for all returned Checks.

OWNER/RESPONSIBLE PARTY

DATE