



**Thank you for giving us the opportunity to care for your companion. To ensure the best care possible for your pet, please take the time to fill out this form completely.
Thank you!**

Client Information:

First Name _____ Middle Initial _____ Last _____

Address _____ City _____

State _____ Zip _____

Home ph. _____ Cell ph. _____ Work ph. _____

Drivers License# or SS# _____ D.L. SSN

Birthdate _____ Bank _____

Employer/Occupation _____ E-mail _____

How did you learn about our practice? _____

Spouse/Co-Owner Information:

Spouse/Co-Owner Name _____

Home ph. _____ Cell ph. _____ Work ph. _____

Drivers License# or SS# _____ D.L. SSN

Birthdate _____ Bank _____

Employer/Occupation _____ E-mail _____

Emergency Information:

Emergency contact name and phone# _____

Other phone #'s _____

Payment

I hereby authorize the veterinarians at Summer St. Animal Clinic to examine, prescribe for, or treat any animals brought in under my care. I assume responsibility for all charges incurred with animals under my care. I also understand that payment is expected at time of release and that a deposit may be required for surgical procedures and/or hospitalization. I am aware that written estimates can be prepared upon request.

Signature of owner _____ Date _____

Method of payment: Cash Check MasterCard VISA Discover