



Welcome to our Clinic

We are glad to have the opportunity to care for your companion.
To ensure your companion receives the best care we can offer, please fill this out completely.



The Standard of
Veterinary Excellence
June 2012

Client Information:

Date____/____/____ Email_____

Referred by_____

Owner's Name:_____

Address:_____

City:_____State:_____Zip:_____

Home Phone :(____)_____ Cell Phone:(____)_____

Driver's License:_____ Birthdate_____

Emergency Contact Name:_____ Phone:(____)_____

Pet Health History:

Pet's Name_____ Birthdate:_____ Canine Feline

Breed_____ Color_____ Sex: Male (n) Female (s)

MicroChip: Yes No #_____ Last Vaccinations_____

Does your pet have any known/previous conditions?

Authorization:

I hereby authorize Smith Veterinary Hospital to examine, prescribe for, or treat the above describe pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time service is rendered. The information provided Smith Veterinary Hospital and our business partners are for our records and will not be shared with anyone. I authorize Smith Veterinary Hospital to use photos of my pet in ads and promotional items. There may be time when no personnel are on the premises.

Signature of responsible party_____ Date_____

www.smithveterinaryhospital.net