



Please take a few minutes to fill out this form. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**CLIENT INFORMATION**

OWNER NAME (Over 18): \_\_\_\_\_  
First Last

CO-OWNER/SPOUSE NAME: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_  
Number and Street City, State Zip

PHONE: \_\_\_\_\_  
Preferred Alternate

DRIVER'S LICENSE #: \_\_\_\_\_ **REQUIRED** E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ MAY WE CONTACT YOU AT WORK? YES  NO

HOW DID YOU HEAR ABOUT OUR PRACTICE? Friend  Location  Our Website   
 Computer Search  Other \_\_\_\_\_

**PATIENT INFORMATION**

\*Please list all pets in household. If more than 3, we would be happy to provide a continuation sheet.

	1 <sup>st</sup> PET	2 <sup>nd</sup> PET	3 <sup>rd</sup> PET
<b>NAME</b>			
<b>DATE OF BIRTH</b>			
<b>CAT, DOG or OTHER</b>			
<b>BREED</b>			
<b>COLOR</b>			
<b>SEX</b>			
<b>SPAYED/NEUTERED</b>			
<b>PREVIOUS VET</b>			

**AUTHORIZATION**

I hereby authorize the veterinarian(s) at PVA to examine, prescribe for, treat and/or perform surgery on the pet(s) listed above and any additional pet(s) I present. Furthermore, I agree to pay ALL fees for services rendered at time of discharge.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date