



**NEW CLIENT & PATIENT UPDATE
INFORMATION SHEET
PLEASE PRINT**

Account # _____

OWNER: _____
 Title First M.I. Last Name

ADDRESS: _____
 Number and Street City

_____ REFERRED BY: _____
 State Zip Code

E-MAIL: _____ TEL: _____ CELL: _____

All friends Animal Clinic requires all pets that stay while boarding, grooming, or for day treatments to be fully vaccinated. By initialing here you agree that if your pet is not current on vaccines that they will be vaccinated while here at the expense of the owner. Initial: _____

Do you grant the following? Permission to treat and provide the services you have sought without further contact with you, and agree to pay for the charges incurred. Yes _____ No _____

Permission to treat your pet in a life-threatening situation prior to contacting you, and agree to pay for the charges incurred. Yes _____ No _____

PET INFORMATION

Please fill in the appropriate information for each pet you own.

	PET #1	PET #2	PET #3
PET'S NAME			
DATE OF BIRTH OR AGE:			
MALE /FEMALE/ --NEUTER /SPAY:			
DOG OR CAT AND BREED			
COLOR AND WEIGHT			
DATE OF LAST VACCINES			
CURRENT DIET (Brand name)			
LAST DENTAL CLEANING:			
LIFE STYLE: INDOOR, IN/OUT			
SPAYED OR NEUTERED?	Circle One Y N	Circle One Y N	Circle One Y N
MICROCHIPPED?	Circle One Y N	Circle One Y N	Circle One Y N
ON HEARTWORM PREVENTION?	Circle One Y N	Circle One Y N	Circle One Y N
ON SYSTEMIC FLEA CONTROL?	Circle One Y N	Circle One Y N	Circle One Y N

I, THE UNDERSIGNED, 1) ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S), AGREEING THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR TREATMENT; AND 2) GIVE PERMISSION FOR RELEASE OF MY PET'S MEDICAL RECORDS FROM A PREVIOUS VETERINARIAN. I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE STATEMENTS. I HEREBY CONFIRM ALL INFORMATION GIVEN ABOVE WAS COMPLETED BY MYSELF AND IS TRUE AND CORRECT. I CONSENT TO AND AUTHORIZE ALL FRIENDS ANIMAL CLINIC AND ITS AGENTS TO TREAT, PRESCRIBE, AND/OR PERFORM SURGERY ON MY PET AT THEIR DISCRETION AND PROFESSIONAL JUDGMENT AS DESCRIBED ON THE TREATMENT PLANS. THE HOSPITAL STAFF IS TO USE ALL REASONABLE PRECAUTION AGAINST INJURY, ESCAPE, OR DESTRUCTION OF MY ANIMAL, BUT WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER OR IN ANY CIRCUMSTANCE REGARDING CARE, TREATMENT, OR SAFEKEEPING OF MY PET AS IT IS THOROUGHLY UNDERSTOOD THAT ASSUME ALL RISKS INVOLVED THEREIN. I HEREBY CONSENT TO PAY ALL CHARGES THAT ARE INCURRED IN THE TREATMENT OF MY PET(S).

 Owner Name and Signature

 Today's Date