



# Client / Pet Information Sheet

Owner's Name: \_\_\_\_\_  
Last Name First Name MI Spouse / Co-Owner's First Name

Address: \_\_\_\_\_  
Number Street Apt # City State Zip

Phone Numbers: \_\_\_\_\_  
Home Work Other

**E-mail:** \_\_\_\_\_

Referred By:  Yellow Pages (book)  Yellow Pages (internet/website)  Hospital Sign  Newspaper

Client: \_\_\_\_\_  Veterinarian: \_\_\_\_\_

Humane Society/Pet Store: \_\_\_\_\_  Other: \_\_\_\_\_

D.O.B.: _____	D.O.B.: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's Address: _____
_____	_____
City: _____ State: _____	City: _____ State: _____
Other Information: _____	Other Information: _____

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F  Altered Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_ Microchip/Tattoo #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F  Altered Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_ Microchip/Tattoo #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  M  F  Altered Birth Date: \_\_\_\_\_

Vaccination/Booster Shot Date: \_\_\_\_\_ Microchip/Tattoo #: \_\_\_\_\_

**Please Sign The Following Authorization For Treatment**

I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner, Agent, or Good Samaritan \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Please Circle Your Method of Payment  Cash  Check  Visa  MasterCard  Discover  American Express