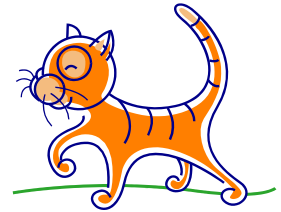




**WELCOME TO THE  
ANIMAL CARE CLINIC  
OWNER INFORMATION**



Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Reason for visit? \_\_\_\_\_

How did you learn about the practice? \_\_\_\_\_

Email Address: \_\_\_\_\_

**PET INFORMATION**

Pet's name \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Male  Neutered

Female  Spayed

Date and type of last vaccinations \_\_\_\_\_

Please check any symptoms below that your pet has been having:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Increased Thirst    |
| <input type="checkbox"/> Bleeding Gums      | <input type="checkbox"/> Limping          | <input type="checkbox"/> Increased Urination |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance  | <input type="checkbox"/> Vomiting            |
| <input type="checkbox"/> Coughing           | <input type="checkbox"/> Scooting         | <input type="checkbox"/> Weakness            |
| <input type="checkbox"/> Diarrhea           | <input type="checkbox"/> Scratching       | <input type="checkbox"/> Shaking Head        |
| <input type="checkbox"/> Eye Bulging        | <input type="checkbox"/> Depression       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Gagging            | <input type="checkbox"/> Sneezing         |  |

Pet's Current Medications \_\_\_\_\_

Describe your Pet's Diet: \_\_\_\_\_

**I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF THE RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.**

Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment:  CASH  CHECK  CREDIT CARD

**Note: If paying by check, you must provide your South Carolina State Drivers License.**

**All returned checks will have an added \$35.00 returned bank fee.**

**NO OUT OF STATE CHECKS, THIRD PARTY CHECKS OR AMERICAN EXPRESS.**