

CLIENT INFORMATION

Name: _____ Spouse/Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Email Reminders: Yes _____ No _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Driver's License _____ Exp: _____ (Used for Medication Dispensing) Date of Birth: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Previous Vet: _____

HOW DID YOU HEAR FROM OUR CLINIC? (Circle one) Sign/Walk-In _____ Yellow Pages _____ Yelp _____ Google _____ Facebook _____ Website _____
 Referral _____ Other: _____

PET(S) INFORMATION

	PET #1	PET #2	PET #3
NAME			
SEX; ALTERED			
DATE OF BIRTH/AGE			
SPECIES			
BREED			
COLOR			
MICROCHIP ID #			
SPECIAL DIETS?			
MEDICATIONS?			
ALLERGIES?			
PREVIOUS DIAGNOSIS?			

WE ACCEPT ALL MAJOR CREDIT CARDS (VISA, MC, DISCOVER, AMX, CARE CREDIT, CASH, CHECK)

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). This is important as **ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT/STAY. NO PAYMENT PLANS OFFERED.** In case of extensive medical or surgical procedures, you may be asked to leave a deposit towards services. For "bounced" checks, there will be a service charge. By signing this, I understand that all fees are due at the time of my pet(s) release and a deposit may be required. I authorize Judy Veterinary Clinic and its staff members to provide care for my pet(s) and I will assume responsibility for all charges on this account.

MEDIA RELEASE: I Authorize Judy Vet Clinic and staff to use my pet(s) photograph publicly to promote the Clinic. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. YES _____ NO _____

Signature _____ Date: _____