

# SOUTH SUBURBAN ANIMAL HOSPITAL

## Client Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact/Spouse: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Pet Information

Name: \_\_\_\_\_ Birthdate/Approx. Age: \_\_\_\_\_

Circle One: DOG or CAT --- MALE or FEMALE --- Is your animal fixed? YES or NO

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Is your animal on any current medications? \_\_\_\_\_

If so, what? \_\_\_\_\_

Has your animal had any prior surgeries? \_\_\_\_\_

Has your animal had any serious illnesses? \_\_\_\_\_

## **Authorization:**

*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 the animal. I also understand that all professional fees are due at the time services are rendered.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check box if you agree that photographs, images and/or video of your pet may be used for our social media pages.