



Client Information

Name _____ Home Phone Number: _____
(last) (first)

Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Would you like to receive coupons and announcements for Schwenksville Vet? Yes No
We respect your privacy and will not sell or distribute your email address.

Home Address: _____

City: _____ State: _____ Zip: _____

Spouse/Alternate Person Information

Name _____ Home Phone Number: _____
(last) (first)

Work Phone Number: _____ Cell Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Pet Information

Pet's Name: _____ Microchip #: _____

Species: Dog Cat Sex: Male Female Spay/Neuter: Yes No

Breed: _____ Color: _____ Date of Birth: _____

Vaccination History: Date: _____ Last Veterinarian: _____

How did you hear about us?

Sign/Drive By Yellow Pages Referred by: _____

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 this animal. I also understand that these charges will be paid in full at the time of release, or discharge.

Signature: _____ Date: _____

Master Card, Visa, Discover, ATM/Debit, Check, CareCredit, or Cash accepted for your convenience.
A \$35.00 fee will be assessed to all returned checks.