



Welcome to Chesapeake Animal Clinic

Quality, Compassion and Care

Date _____

CLIENT INFORMATION

Owner's name: Last _____ First _____ Mr. Mrs. Ms. Dr.

Co-owner's name: Last _____ First _____ Mr. Mrs. Ms. Dr.

Address _____

Mailing address _____

City _____ State _____ Zip code _____

Phone: Home _____ Work _____ Cell _____

Which number is best for us to call? Home Work Cell Any

E-mail address _____

Driver's license state and number _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Yellow pages Newspaper Website Sign Other _____

Referral by: _____

PATIENT INFORMATION

Pet's Name: _____ Age: _____ Date of birth: _____

Species: CAT DOG FERRET RABBIT Other: _____

Breed: _____ Color(s): _____

Sex: MALE FEMALE UNKNOWN Spayed/ Neutered?: YES NO NOT SURE

Is your pet microchipped / tattooed? YES NO NOT SURE

Any prior illness, surgeries, or allergies we should know about?

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all the charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I also give Chesapeake Animal Clinic permission to release vaccination history to kennels and to other clinics when they call.

For your convenience we take the following payments **expected at the time of service:**
CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, CHECKS.

Signature _____

Date _____