

WELCOME

Animal Crackers Veterinary Clinic

“Your pets are in our hearts.”

Owner: _____ Date: _____

Email: _____

Address: _____ Cell : _____

_____ Home: _____

Emergency Contact: _____ Phone: _____

How did you hear about our clinic: Sign _____ Website _____

Google _____ Facebook _____ Instagram _____ Other _____

Recommendation: _____

Pet's Name _____ Dog/Cat/Other _____

Breed: _____ Color: _____ Age: _____

Sex: M/F Spayed or Neutered: Y/N Cats: Indoor/Outdoor

Pet's Name _____ Dog/Cat/Other _____

Breed: _____ Color: _____ Age: _____

Sex: M/F Spayed or Neutered: Y/N Cats: Indoor/Outdoor

Reason for today's visit: _____

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 release.

Signature of Owner _____ **Date:** _____