

# Welcome

We know your pet's health is important and we thank you for trusting us to care for them.  
To help us provide the best care possible, please take a few moments to fill out this form completely.  
*Thank You! Pine Forest Animal Clinic*

## OWNER INFORMATION

Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt./Ste. \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip code \_\_\_\_\_  
Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How did you learn about our clinic?  Sign Outside  Website  Facebook  Recommendation  
If recommended, by whom? \_\_\_\_\_

## FIRST PET INFORMATION

Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed  Microchipped  
Pet's current medications: \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_

## SECOND PET INFORMATION

Name of Pet: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Undetermined  Male  Neutered  Female  Spayed  Microchipped  
Pet's current medications: \_\_\_\_\_  
Describe your pet's diet: \_\_\_\_\_

## AUTHORIZATION

x \_\_\_\_\_ I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all 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.

x \_\_\_\_\_ I authorize Pine Forest Animal Clinic to release vaccine and medical records to boarding facilities, grooming facilities, emergency clinics, referral clinics, or adoption groups.

x \_\_\_\_\_ I understand Pine Forest Animal Clinic has a cancellation policy for all appointments. A 24-hour cancellation notice is required to avoid a \$59 fee.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you. We look forward to caring for your pets.  
Pine Forest Animal Clinic*