

Triangle Animal Clinic

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We look forward to working with you in maintaining your pet's health.

Client (Owner) Information

Last Name _____ First Name _____ Title _____

Address _____

Zip _____ City _____ State _____ Phone# _____

Cell# _____ Work# _____ Fax# _____ Spouse's Cell _____

Email _____ Employer _____

Emergency Contact Name _____ Phone# _____

Spouse Significant other Relative (please specify) Friend Other _____

Referral: Phonebook TV Flyer Website Internet Drive by Personal _____
 Welcome Wagon Lone Star Town Hall Guide Shelter _____ Name

Pet Information

Please provide all previous medical records/documentation for pets.

Pet's Name _____ Species: Canine Feline Other

Breed _____ Color _____ Age _____ Birthdate _____

Sex (please check ONE) Neutered Male Male Spayed Female Female Unknown

Microchip _____ Allergies _____

Reason for pet's visit _____

I hereby authorize the veterinarian to examine, prescribe for or treat the described pet(s) on this paper. I assume responsibility for all charges incurred in the care of the pet(s). I also understand that charge accounts are not available and fees are due at the time services are rendered.

Signature of client responsible for pet(s) _____ Date _____

Print Name _____ Driver Lic. # _____ State _____ Owner's Date of Birth _____

*** I hereby consent and give permission Triangle Animal Clinic to utilize media content (PHOTOS and/or VIDEO) of my pet(s) for media and any other non-profit use.

Signature for authorization _____