

CLIENT & PET INFORMATION

Title _____ First Name: _____ MI _____ Last Name _____




Spouse / Other: _____

Address: _____

Zip Code: _____ City _____ State _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

____ Yes, I'd like to see my pet's photo on   

____ Yes, I'd like to receive email reminders & updates.

Regular Veterinarian or Clinic Name: _____ **REQUIRED**

PRIMARY REASON FOR VISIT: _____

Pet Name: _____ Pet Age: _____ DOB: _____

Dog Cat Other _____ Sex: M / F Neutered/Spayed: Yes / No

Breed: _____ Microchip: Yes / No , #: _____

Color: _____ Markings _____

List of pet's current medications: _____

Pet History: Vaccinated (in the last 12 months) Heartworm Prevention (monthly)

Feline Leukemia Test (Cats Only) Prior Illness/Surgery: _____

Please let us know how you FIRST heard about AECC?

Veterinarian _____ Friend/Family _____ Newspaper/Magazine _____
Name Name Name

Phone Book _____ Magnet _____ Community Event _____ Web Search _____ Facebook _____

Drove By Location _____ Sign at Dog Park _____ Other _____

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 the animal. **I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIMES SERVICES ARE RENDERED.**

Signature of Client Responsible for Pet(s): _____