

Client Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone: _____

Driver's License Number: _____ or SSN: _____

Email Address: _____

Spouse/Significant Other Name: _____

Phone Number: _____ Employer Phone: _____

Previous Veterinarian/Hospital _____

Does SVC have permission to contact your previous veterinarian for records (Yes) (No)

Pet Information

1. Pet's Name: _____ (Dog) (Cat) - circle one

Breed: _____ Color: _____ Birth Date/Age: _____

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

2. Pet's Name: _____ (Dog) (Cat) - circle one

Breed: _____ Color: _____ Birth Date/Age: _____

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

3. Pet's Name: _____ (Dog) (Cat) - circle one

Breed: _____ Color: _____ Birth Date/Age: _____

Sex: (Male) or (Female) Spayed/Neutered: (Yes) (No)

SVC has permission to take and post pictures of my animals on Social Media or the SVC Website - (Yes) (No)

I hereby authorize Staunton Veterinary Clinic to examine, prescribe for, and/or treat my animals. I assume responsibility for ALL charges accrued for the care of my animal(s) at time of service. I also understand that a deposit is required for all emergencies and hospitalized animals. I have read and agree to the outlined terms.

Signed: _____ Date: _____