

# GREAT VALUE PET CLINIC, LLC

## Client Information

Owner's Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_

Dog

Male

Breed \_\_\_\_\_

Cat

Female

DOB/Age \_\_\_\_\_

Neuter/Spayed: Circle: YES NO

Color \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_ Heartworm preventative? Yes \_\_\_ No \_\_\_

Is your pet microchipped? Yes \_\_\_ No \_\_\_

Would you like your pet microchipped today? Yes \_\_\_ No \_\_\_

Has your pet had a dental cleaning? Yes \_\_\_ No \_\_\_

Existing health conditions? \_\_\_\_\_

Any complications from past surgeries? Yes \_\_\_ No \_\_\_ If so, please explain: \_\_\_\_\_

Vaccination History: Please provide any vaccination history.

*How did you hear about us?* Circle: Internet Friend Sign Other \_\_\_\_\_

## ALL FEES PAYABLE AT TIME OF SERVICE

- I am the owner or agent of the described animal and have authority to execute this document.
- I authorize Great Value Pet Clinic to treat the above animal, and understand that this may include anesthetic and/or surgery.
- I further understand that no guarantee of successful treatment is made, and I will not hold Great Value Pet Clinic responsible for my animal's recovery.
- I am aware that all treatment and medication charges are additional to the exam fee; I agree to pay all charges incurred at the time the animal is released.
- I understand that if my pet's vaccination records cannot be verified, then they are considered due for their shots.

Signature \_\_\_\_\_ Date \_\_\_\_\_