



# WELCOME

Client # \_\_\_\_\_

Owners Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

DL# \_\_\_\_\_ SSN# \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Work # ( ) \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Work # ( ) \_\_\_\_\_ - \_\_\_\_\_

	<b>Pet's Name</b>	<b>D.O.B.</b>	<b>Sex</b>	<b>Breed</b>	<b>Color</b>
1.)	_____	____/____/____	M / N — F / S	_____	_____
2.)	_____	____/____/____	M / N — F / S	_____	_____
3.)	_____	____/____/____	M / N — F / S	_____	_____
4.)	_____	____/____/____	M / N — F / S	_____	_____

Regular or Previous Veterinary Clinic? \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Any other information you would like us to know? \_\_\_\_\_

I understand that payment in full is expected when services are rendered. I will assume full financial responsibility for all charges incurred on my pet's behalf, today and on all future visits.

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

\*\*\*\*\* CONSENT TO RELEASE MEDICAL RECORDS \*\*\*\*\*

I Give Eastgate Animal Clinic permission to release medical records

On my pet (s) \_\_\_\_\_

Name ( Please Print ) \_\_\_\_\_

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