

CLIENT AND PATIENT INFORMATION

Client (Pet's Owner) _____
 _____ (last) _____ (first) _____ (significant other)
 Address _____

 City _____ State _____ Zip Code _____
 Home Phone () _____ Business Phone () _____
 Cell Phone () _____ FAX Number () _____
 Other Phone () _____ Email _____
 Web Page _____
 Business or Occupation (do not write "self") _____
 Company Name and Address _____

You may leave Social Security and Drivers License numbers blank only if you will always pay with cash.
 Social Security # _____ Driver's License _____
 Contact in case of emergency: Name: _____ Phone: _____

		#1	#2	#3	#4	π #5
Animals	Pet's name					
	species (dog,cat,etc)					
	breed (collie,etc.)					
	colors					
	date of birth					
	sex (M or F)					
	Spayed/Neutered?					

Reason for today's visit _____
 Significant Medical History _____
 How did you hear about us? _____

PLEASE READ AND SIGN BELOW
 I hereby consent and authorize the doctors of Mobile Vet to receive, prescribe for, treat and operate upon my animals described above. I understand the doctors and staff of Mobile Vet will use all reasonable precautions against injury, escape or harm to my animals. In the event that my animals need special services, medications or life saving procedures not previously discussed with me, I understand the doctors of Mobile Vet will perform whatever is necessary for the health and safety of my pet. I also understand reasonable attempts to contact me regarding such procedures will be made, and I agree to pay in full for all such services. I understand payment in full is required at the time services are rendered, and a monthly finance fee of 1.75% of the balance due, with a \$5.00 minimum, will be charged to all accounts with a balance longer than 30 days. I understand if I cancel an appointment less than 24 hours in advance I will be responsible for the housecall drive fee.

Signature _____ Date _____