



of Rochester

Thank you for giving us the opportunity to care for your pet.
To insure the best care possible, please complete this form.

Client Information

Owner's Name: 1. _____
2. _____

Address: _____
City: _____ State: _____ Zip Code: _____

<u>Owner #1</u>	Home: () _____	<u>Owner #2</u>	Home: () _____
Phone:	Cell: () _____	Phone:	Cell: () _____
	Work: () _____		Work: () _____

Driver's License# _____

Email address _____

Patient Information

Name: _____ Female _____ Male _____
Canine _____ Feline _____ Spayed _____ Neutered _____

Breed: _____ Birth Date: _____ Color: _____

Drug allergies _____

Referring Veterinarian

Name: _____ Hospital: _____

Primary reason for visit: _____

Accepted forms of payment: Cash, MasterCard, Visa, Discover, Personal Checks with valid driver's license

Authorization

I assume responsibility for all charges incurred in the care of my pet(s). Full payment is required upon rendering of services. In the event payment is not received in full, and the account is placed in collections, I understand I will be responsible for any applicable service charges and attorney fees.

Signature of Owner: _____ **Date:** _____
Owner's signature or responsible person (18 years or older)