

PUNGO VETERINARY CLINIC

Client # _____

Owner's Name: _____ Home Phone _____

Address _____ DL/SSN# _____

City _____ State _____ Zip Code _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

Co-Owner's Name _____ DL/SSN# _____

Employer _____ Work /Cell Phone _____

Pet Information

Canine [] Name Breed Color Birthdate Female [] Spayed []

Feline [] _____ Male [] Neutered []

Patient # _____ Chip / Tattoo # _____

Canine [] Name Breed Color Birthdate Female [] Spayed []

Feline [] _____ Male [] Neutered []

Patient # _____ Chip / Tattoo # _____

Canine [] Name Breed Color Birthdate Female [] Spayed []

Feline [] _____ Male [] Neutered []

Patient # _____ Chip / Tattoo # _____

Canine [] Name Breed Color Birthdate Female [] Spayed []

Feline [] _____ Male [] Neutered []

Patient # _____ Chip / Tattoo # _____

Canine [] Name Breed Color Birthdate Female [] Spayed []

Feline [] _____ Male [] Neutered []

Patient # _____ Chip / Tattoo # _____

MEDICAL RELEASE

I, as the owner / agent, authorize the veterinarian on duty to administer any medical / surgical treatment which is deemed necessary on the basis of the examination of the animal(s). I understand that except in the case of an emergency, I will be notified of all procedures before they are performed. I assume responsibility for all charges incurred and understand that payment is due at the time of service. In the event that my account is turned over to an attorney for collection, I agree to pay all costs incurred in the collection process, including reasonable court costs, attorney's fees and any other costs incurred.

Signature: _____ Date: _____

Referred by: _____ Email reminders : YES / NO