Patient and Client Information Sheet

Thank you for giving our hospital the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

Owner(s):
Mr. Mrs. Ms.:_____ Spouse/Partner_____
Last name, First name

Address:_____
Street City State Zip code

Primary Phone: ( )_____ E-mail address:_____

Secondary Phone : ( )_____Occupation:_____

Social Security Number:_____ Driver's license:___

How did you become aware of us: Yellow Pages____ Referral ___ Other _____

Name of place or person who referred you _____

Patient Information

Pet's name Species Breed Sex Color Birth date Spayed/ neutered Microchip/ID #

1._____

2._____

3._____

4._____

5._____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I, the undersigned, owner of admitted patient, hereby authorize Sunset Cliffs Animal Hospital to administer such treatment as is necessary, to perform any surgical procedure as deemed necessary on the basis of findings during the course of the examination. In most cases, an estimate will be made up and full consent will be obtained before services are rendered. However, in the case of an emergency, life-saving procedures may be necessary and may be performed without prior consent. I understand that even in this case, every effort will be made to contact me beforehand. I assume full financial responsibility for all charges incurred to patient and consent to release of any medical information. I hereby certify that I have read and fully understand the above authorization for medical and surgical treatment and agree to its terms.

PAYMENT IS DUE, IN FULL, AT THE TIME SERVICES ARE RENDERED!!!

_____ _____ _____
Signature of owner or guardian Date Method of payment