

**All Pets Emergency & Referral Center, P.C.**

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**Client Information Form**

Name of Owner(s): \_\_\_\_\_ GA D.L.: \_\_\_\_\_

Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Relation to owner: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Age/ Birthdate: \_\_\_\_\_ Species: Cat Dog Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M F Spay/Neuter: Yes No Unknown

Reason for Visit: \_\_\_\_\_

Regular veterinarian: \_\_\_\_\_ Veterinary clinic: \_\_\_\_\_

Method of payment: Cash Check Visa/MC Discover AMEX Care Credit

**PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED**

**NO BILLING**

I hereby grant, to the veterinarian(s) in charge of the care of the patient described above, the authority to examine said patient in order to determine a course of treatment that he/she believes to be in the best interest of the patient. By agreeing to this examination, I consent to pay the fee associated with said examination. I also understand that any further treatments, testing or procedures deemed necessary or advised will be performed only after I have granted permission.

\_\_\_\_\_

Signature

Date