

# Welcome

to

## Green Summit Animal Clinic

Thank you for giving Green Summit Animal Clinic the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION:

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

How did you become aware of our facility? Drove by \_\_\_\_\_ Internet \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

### PET HEALTH HISTORY:

Name of Pet: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Male Male Neutered Female Female Spayed

Name of Pet: \_\_\_\_\_ Dog Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Male Male Neutered Female Female Spayed

Any allergies to Vaccinations or Medications? \_\_\_\_\_

Are your pets on any special diets or medications? \_\_\_\_\_

Any previous illnesses or surgeries? \_\_\_\_\_

Other comments? \_\_\_\_\_

### Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred for the care of my animals. I also understand that these charges will be paid at the time when services are rendered, or at time of release.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_