

EUBANK ANIMAL CLINIC NEW CLIENT FORM

Date _____

Owner's Name _____ Spouse/Co-Owner _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Employers name and address, so we may contact you in the event of an emergency

Which phone number is the best to reach you during business hours?

Please circle one: Home Cell Work

Pets Name _____ Approx Date of Birth _____

Dog Cat Other

Sex: Male Neutered Not Neutered

Female Spayed Not Spayed

Breed _____

Color/Markings _____

Reason for visit? _____

Previous Veterinarian: _____

Does your pet have a known medical condition and/or on medication? _____

How did you first hear of us? _____ Individual we may thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner or Responsible Party _____

Method of Payment? Cash Check(local only) Credit/Check Card

Driver's License Number _____ Expiration Date _____ State _____
(Required)