



WELCOME!

Client ID: _____
 Entered into Cornerstone _____
 Entered into Black Book _____
 Scanned into Cornerstone _____

Thank you for the opportunity to care for your pet.
 To ensure accurate information, please fill in this form completely. Thank you.

Primary Contact Information:	
Name:	Home Phone:
Address:	Cell Phone:
City/State/ZIP:	Work Phone:
Employer:	Email:
What time is best to call about your pet? _____ at what phone #?: _____	
Emergency Contact:	E. Contact Phone#:

Secondary (Spouse/Partner) Contact Information:	
Name:	
Cell Phone:	Work Phone:
Other Phone:	Employer:

How did you learn about our clinic?	
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Internet	<input type="checkbox"/> Drove by Sign
<input type="checkbox"/> If referred, by whom?: _____	<input type="checkbox"/> Other: _____

Pet Information:	
Pet Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Pet Name: _____ Cat <input type="checkbox"/> Dog <input type="checkbox"/>
Breed: _____	Breed: _____
Color/Markings: _____	Color/Markings: _____
Birthday/Age: _____	Birthday/Age: _____
Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered? Y N	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered? Y N
Reason for Visit: _____	Reason for Visit: _____
Has your pet been treated for any illness in the past year?	Has your pet been treated for any illness in the past year?
Current Medications: _____	Current Medications: _____
Current Diet: _____	Current Diet: _____
Previous Clinic: _____	Previous Clinic: _____

Authorization:	
I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this/these pets. I also understand that charges are expected at the time of examination and that payment is required at the time of discharge for all services including surgery and hospitalization.	
Signature of Owner: _____	Date: _____