

Client Information

Pet Care Clinic Kuna

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work: _____ Cell: _____

Referred by: _____ E-Mail Address: _____

Please Note: Primary phone number will be used for follow-ups, appointment confirmations, reminders, and information about your pet. This may include text messages. Business phone numbers will only be used for emergencies when all other numbers have been attempted.

Is anyone else responsible for your pet?

Name/Relationship: _____ Additional Phone: _____ H/W/C

Address if different from above: _____ City: _____ State: _____ Zip: _____

Tell us about your pet!

Pet's Name: _____ Dog / Cat Breed: _____

Color/Markings: _____ Male / Female Neutered / Spayed / Unaltered

Birthday/Approximate Age: _____ Microchip #: _____

Last Vaccination Date and Vaccines Given: _____

Any previous clinic visits? Yes / No Where? _____

Any additional information we should know about your pet? _____

Agreement

- I am the owner or agent of this pet, **I am at least 18 years of age**, and I have the authority to execute this consent.
- I authorize the staff of Pet Care Clinic-Kuna, with my permission, to render preventive or diagnostic and treatment services necessary for my pet(s).
- I can freely discuss any concerns I have about my pet with the staff, so I understand the care my pet will/has received.
- I authorize the staff of Pet Care Clinic-Kuna to request records from any clinic(s), boarding facility, and/or grooming facility where my pet(s) has/have been seen AND authorize the release of my pet's records to any clinic(s), boarding facility and/or grooming salon requesting records.
- No guarantee has been made as to the results or cure of this or any future visits.
- In the event of death of my pet(s) through no fault of the staff of Pet Care Clinic-Kuna I will be responsible for any accrued costs.
- I agree to pay, in full, all services rendered, including those necessary for medical or surgical complications of otherwise unforeseen circumstances on date of service(s).
- I understand that if I do not show for a scheduled appointment, I will be assessed a no-show fee of \$25 and will need to prepay for any future appointments. If I continue to not show for scheduled appointments, Pet Care Clinic-Kuna may be unable to serve my pet's needs in the future.

I agree to the above statements and I understand that payment, in full, is due at the time of service.

Signature: _____

Date: _____

Printed Name: _____

Receptionist Initials: _____