



WELCOME TO PANDA ANIMAL CLINIC

Owners information :

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Work _____

Email: _____

PLEASE PRESENT A DRIVERS LICENSE TO RECEPTIONIST

Pets Information :

Pets Name : _____ Breed: _____ Color: _____

Sex : F___ M___ Spayed/Neutered: _____ Date of Birth: _____

Reason for Visit : _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all the changes incurred in the care of the animal. I also understand that all fees are due at the time the services are rendered. We do not bill for any services or provide any payment plans.

Signature of responsible party

Date