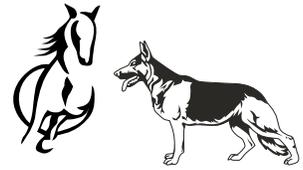


NEW CLIENT INFORMATION



Date of first visit: _____

Pet's Name: _____ Dog Cat Bird Other _____

Breed: _____ Sex: Male Female Spayed Neutered

Color: _____ Date of Birth: _____

OWNER INFORMATION

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Cell Phone: _____ E-Mail Address _____

Place of Employment: _____

HOW DID YOU LEARN ABOUT CHIROPRACTOR.PET.?

Whom may we thank for referring you? _____

Street Sign Yellow Pages Animal Shelter Pet Adoption Ad Internet

ARE THERE OTHER PETS IN YOUR HOUSEHOLD? YES NO

How many dogs? _____ How many cats? _____ How many birds? _____

Other pets (name/kinds)? _____

Authorization to Disclose Information Concerning Care of Animal

I authorize the veterinarians and staff of Gates/Animal Adjusting.US to disclose to any licensed veterinarian or employee of a licensed veterinarian, only for the purpose of treatment or vaccination history, all information, including records, concerning care of my pets/animals. This information includes, but is not limited to examinations, diagnosis, treatment, prognosis, and vaccination history.

I understand that this information is confidential and protected by MISSOURI State Law and I hereby waive that privilege.

Owner Signature of Client/Owner _____ Date _____ Printed Name or Client/

***Fees are due as services are rendered.
We accept cash, checks, MasterCard, and Visa.***

VETERINARIAN: _____

PHONE: _____

When you spoke with your Vet about bringing your pet to Dr. Jackie Gates or she coming to you/barn/home.

*Fees are due as services are rendered.
We accept cash, checks, MasterCard, and Visa.*