

Customer Information Form:

Customer Information:

Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: (H) _____ (C) _____
E-mail address: _____

Veterinarian Information:

Name: _____
Address: _____
City: _____ State: ___ Zip: _____
Phone: _____

Emergency contact information (other than vet): Name:

Address: _____ City: _____ State: ___ Zip: _____
Phone: _____

Client(s) -Please Include Pet Name(s), Breed(s) and Age(s) (please include birthdays if known):

Medical history:

Special Instructions:

Medications:

Is your dog allowed to have treats?

Yes: ___ No: ___

Is your cat allowed to have treats?

Yes: ___ No: ___

As owner of the above listed pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my pet.

Signature: _____ Date