



Client/Pet Information Sheet

Owner's name: _____

Address: _____

Phone number (primary): (____) _____ Spouse: _____

Email: _____ Spouse's number: (____) _____

Referred by: Social Media Internet search Client: _____

Other: _____

Driver's Lic. #: _____ State: _____ D.O.B.: _____

Employer: _____

Pet's Name: _____ Species (K9/Feline): _____ Color: _____

Breed: _____ Sex: Male Female Altered Age: _____

Vaccination/Booster shot date: _____ Rabies: _____

Pet's Name: _____ Species (K9/Feline): _____ Color: _____

Breed: _____ Sex: Male Female Altered Age: _____

Vaccination/Booster shot date: _____ Rabies: _____

Please sign the following authorization for treatment:

I hereby authorize the staff of South Dixie Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit may be required on pets admitted to the hospital. All returned checks are subject to a \$25 fee. Accounts turned over to collections are subject to any additional fees and charges. In the event that my pet(s) records should need to be released, I authorize South Dixie Animal Hospital to do so.

I authorize South Dixie Animal Hospital to use images taken of you/your pet to showcase our patients. This may include our website, Facebook page, Instagram, and/or Twitter. We will not sell or distribute this information to any outside sources.

Signature of owner

Date

Please circle your payment method of choice: Cash Check Credit Debit Care credit