CLIENT INFORMATION

Please fill out the information contained below:

Owner Information

Last	First	Middle	Home Phone
Street	City	State	Zip Code
E-Mail Address	Driver's License		Expiration
S.S.N.	D.O.B.		Cell Phone
Spouse's Name	Employer		Business Phone

Employer Information

Name			Business Phone
Street	City	State	Zip Code

Animal Information

Dog	Cat	Exotic	Name	Breed	Description	D.O.B.	Sex	Altered

Pet Insurance Yes/No? _____ Policy # _____

Previous Veterinarian _____ Phone_____

Address _____

Date Last Seen _____ Date of Last Vaccinations _____

Is your pet Aggressive towards…. Dogs: Yes/No Cats: Yes/No People: Yes/No

Referred By _____ Date _____

PLEASE TURN OVER **--------->**

MANDARIN VETERINARY CLINIC

Medical & Surgical Release

I certify that I own or am responsible for the above described animal, and therefore, consent and authorize Dr. Jones, and her agents, employees, or representatives to hospitalize it and to administer any vaccinations, medications, tests, surgical procedures or treatments that the doctor may deem necessary for the health, safety or well-being of the animal while it is under her care and supervision.

I understand that as a prerequisite to my pet being hospitalized, vaccinations or proof of current vaccinations and a check for parasites will be required to avoid transmission of disease to the other patients. I also realize that my pet will be discharged only during office hours and when the doctor is present.

I understand that any animal left in the care of the clinic more than seven days after I am notified of its medical release will be considered abandoned and will be disposed of in a humane manner.

If the animal should injure itself, become ill, or die while in the hospital, I hereby release Mandarin Veterinary Clinic, Dr. Jones, and her employees from any and all liabilities.

I understand and agree to be financially responsible for the veterinary services rendered by Mandarin Veterinary Clinic and Dr. Jones. All invoices submitted by Mandarin Veterinary Clinic will be promptly paid within 30 days from the date of invoice. All invoices not paid within 30 days shall accrue interest at the rate of 1½% per month. Additionally, should Mandarin Veterinary Clinic be required to hire an attorney for collection of any invoice, I agree to be responsible for payment of all costs of collection incurred, including attorney's fees.

Unless otherwise notified, we will assume you want your pet taken care of to the fullest extent available.

_____ _____

Signature Date Signature Date