

Date: _____

Animal Kingdom Veterinary Hospital
Client Information Form

Name (over 18): _____

*Driver's License Number: _____

*Date of Birth: _____

*Driver's license number and date of birth are required for all check payments, and some medications

Other person(s) authorized to make decisions about your pet's care:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number (Required): _____

Secondary Phone Number (Optional): _____

Email Address (Required): _____

Pet Information

Pet's Name: _____

Birth Date/Age: _____

Species:

Amphibian Dog Rabbit Other: _____
 Avian Ferret Reptile
 Cat Guinea Pig Rodent

Breed: _____

Color: _____

Sex: Male Female Unknown
 Neutered Spayed

Reason for Visit: _____

Has your pet(s) ever bitten, nipped, or snapped at anyone? ** Yes No

****Please note: If you answer "Yes," you will not be refused service or treatments. If you answer "No," and any of these behaviors occur in the future, or a new pet with these behaviors is acquired, it is your responsibility to contact the clinic with this information PRIOR to the next visit of the animal in question.**

I hereby agree to the statement above and authorize the veterinarian to examine, prescribe, or treat the above described pet(s). I assume full responsibility for all charges incurred in the care of this animal. All charges incurred in the care of this animal. All charges, less any required deposits, shall be paid upon release from the hospital. Also, if I am late for my scheduled appointment, I understand that other arrangements may have to be made.

Signature of Owner or Responsible Party: _____