



CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet! We'll be happy to answer any questions you have about your pet's health. If there are more than two appointments missed without notice there will be a charge for any additional missed appointments. To insure the best care possible, please take the time to fill in this form completely. Thank you!

PERSONAL CONTACT INFORMATION

Name: _____ Occupation/Employer: _____
Spouse/Co-Owner: _____ Occupation/Employer: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

PRIMARY?	Phone Numbers	Name/Location (home/cell/work, etc)
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Emergency Contact: _____ Phone: _____

E-mail Address: _____

E-mail addresses are used to send you lab results & reminders for your pets!

Pets name(s): _____

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I certify that I am the owner and/or authorized guardian of the aforementioned animals and authorize the doctor to provide vaccines and parasite control as needed for my pet in these circumstances. I further certify that I am at least 18 years of age and am authorized to make legal decisions. I also authorize consent for photos to be taken of my pet and understand that the photos will remain the exclusive property of Airport Pet Clinic to be used for promotional and other purposes.

Signature: _____ **Date:** _____