



Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fillout this form completely. Thank you!

Name _____ Spouse/Other _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Place of Employment _____ Work Phone _____
E-Mail Address _____ Drivers License # _____

Check box to receive E-mail reminders

I give Sartin Animal Care Clinic PLLC permission to publish my pet(s) photos on Facebook or other media for advertising purposes _____ (Initial)

How Did you hear about us?

- Front Sign** **Phone Book** **Website** **Facebook**
 Personal Recommendation (if so, whom?) _____

Name of Pet _____ Date of Birth/Age _____

Dog Cat Breed _____

Male Neutered Female Spayed Color _____

Date of last vaccinations _____ Where ? _____

Medical History _____

Surgical History _____

List your pet's medications _____

Authorization

I hereby authorize Sartin Animal Care Clinic PLLC, to examine, prescribe for, and treat the above described pet. I assume financial responsibility for all charges incurred in the care of my pet. I understand that full payment is due when services are rendered and that a deposit may be required on any hospitalized animal.

Signature of Owner _____

Date _____