



We appreciate the opportunity to care for your pet!

Client Information

Owners Name _____
Address _____
Zip Code _____
Phone Number _____
Other Number _____
Email Address _____
Spouse/Other _____
Phone Number _____
Emergency Contact _____
Phone Number _____

Pet Information

Is your pet microchipped? _____ Would you like to have your pet microchipped (\$68) YES / NO

Name _____	Name _____
Species _____	Species _____
Breed _____	Breed _____
Color _____	Color _____
Age/DOB _____	Age DOB _____
Gender M / F - Spayed / Neutered	Gender M / F - Spayed / Neutered
Known Allergies _____	Know Allergies _____
Medical Alerts _____	Medical Alerts _____

May we request your pets previous medical records? Y / N

Name of Clinic _____ **Phone Number** _____

Authorization

I hereby authorize Best Care Animal Hospital to examine, and prescribe/treat the patient(s) listed above. I assume responsibility for ALL charges incurred for the care of this animal. I also understand that payment is due at the time services are rendered.

Signature _____ **Date** _____
Reason for todays visit? _____
How did you hear about us? _____

