

# Client/Pet Information Sheet

Owners name: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone numbers: ( ) - ( ) -  
CIRCLE best number: Home Cell

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
MM/DD/YYYY

**Please check one of the following:**

- I would like to receive updates/reminders/notifications/information via SMS/Text message  
 I would **not** like to receive updates/reminders/notifications/information via SMS/Text message

**Referred by:**

- Person [Receive a \$25 referral bonus] \_\_\_\_\_  
 Advertisement \_\_\_\_\_  Shelter: \_\_\_\_\_  
 Website: \_\_\_\_\_  Other \_\_\_\_\_

**Second Contact/Authorized Agent**

This person is authorized to make medical decisions in my absence.

Name: \_\_\_\_\_  
Last Name First Name M.I.

Phone numbers: ( ) - ( ) -  
Home Cell

Birthdate: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_  
MM/DD/YYYY

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Color \_\_\_\_\_  
Allergies?: \_\_\_\_\_ Sex:  M  F  Fixed/Altered Birth Date/Age: \_\_\_\_\_  
 This is my pets first visit to ANY vet.  Previous medical records at: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Color \_\_\_\_\_  
Allergies?: \_\_\_\_\_ Sex:  M  F Fixed/Altered Birth Date/Age: \_\_\_\_\_  
 This is my pets first visit to ANY vet.  Previous medical records at: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Color \_\_\_\_\_  
Allergies?: \_\_\_\_\_ Sex:  M  F  Fixed/Altered Birth Date/Age: \_\_\_\_\_  
 This is my pets first visit to ANY vet.  Previous medical records at: \_\_\_\_\_

**PLEASE SIGN THE FOLLOWING AUTHORIZATION FOR TREATMENT**

I hereby authorize the staff of South Bay Veterinary Care to render any treatment which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures, including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. Any unpaid fees are subject to a late payment penalty of 1% per month of the unpaid balance from the date your pet is discharged.

Signature of Owner, Agent, Good Samaritan (CIRCLE ONE) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Second Contact \_\_\_\_\_ Date \_\_\_\_\_