



Client/Patient Information

Owner's Name:

_____ (Last) (First) (Middle)

Spouse's Name:

_____ (Last) (First) (Middle)

Address:

_____ (Street #) (Street Name) (City) (State) (Zip Code)

Phone Numbers:

_____ (Home) (Work) (Cell)

E-Mail: _____ **Referred By:** _____

Driver's Licenses #: _____ **State:** _____ **D.O.B.** _____

Employer:

Employer Address:

_____ (Street #) (Street Name) (City) (State) (Zip Code)

1st Pet's Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Birth Day:** _____ **Male** **Neutered** **Female** **Spayed**

Vaccination History:

2nd Pet's Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Birth Day:** _____ **Male** **Neutered** **Female** **Spayed**

Vaccination History:

Please sign the following Authorization for Treatment:



I hereby authorize **Greenbrier Animal Care Center** to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding treatment. **I understand that I will be financially responsible for all emergency procedures. I understand that payment is expected at the time services are rendered.**

(Signature of Owner/Agent)

Please give receptionist your ID, so they can put a copy in your file. Thank You ☺