



WE KNOW YOUR PET'S HEALTH IS IMPORTANT AND WE THANK YOU FOR TRUSTING US TO CARE FOR THEM. TO HELP US PROVIDE THE BEST CARE POSSIBLE, PLEASE TAKE A FEW MOMENTS TO FILL OUT THIS FORM COMPLETELY. THANK YOU!

OWNER INFORMATION

Name of Owner: _____

Spouse/Secondary Contact: _____

Physical Address: _____
ADDRESS NUMBER STREET NAME APT

_____ CITY STATE ZIPCODE

Primary Contact Number: _____ Cell Home

Additional Contact Number: _____ Cell Home

Email Address: _____

How did you learn about our clinic?

Google/Internet Search Friend/Family - Name: _____

Social Media Other: _____

PET INFORMATION

Name	M/F	SPAY/NEUTER	DOB/AGE	BREED/COLOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, the undersigned owner or authorized agent of the above pet(s), hereby authorize the veterinarians of Keller Animal Clinic to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred for the care of my pet(s). I also acknowledge that Keller Animal Clinic does not accept payment plans, and that payment for services are due at the time of release.

SIGNATURE: _____

DATE: _____