

# WELCOME TO BRIARGROVE ANIMAL CLINIC

## Client Information

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ APT# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_

Email: (ONLY for Appts. and/or Shot Reminders) \_\_\_\_\_

## Pet Information

<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Color</u>	<u>DOB</u>	<u>Sex</u>	<u>Spay/Neuter</u>

## Authorization

**By signing below, I attest that I am the legal owner or agent of the above pet(s) and am responsible for payment of services that I request for my pet.** I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. If my pet is ever left at the clinic over 10 days without prior arrangements, I authorize to turn my pet over to the proper authorities or dispose of, as the clinic sees fit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date