Electric City ANIMAL CLINIC
small animals - exotic animals - boarding

AAHA ACCREDITED
The Standard of Veterinary Excellence

Thank you for giving us the opportunity to care for your pet! To ensure the best care possible, please take the time to fill out this form completely. All information provided is confidential!

CLIENT INFORMATION

Owner:_____ SSN:_____ DL#:_____

Address:_____ City:_____ State:_____ Zip:_____

E-mail address: _____

Primary Phone: _____ Type:_____ Secondary Phone:_____ Type:_____

Emergency Contact:_____ Phone:_____

How did you learn of our clinic? { } Yellow Pages { } Referred - by whom: _____

{ } Sign { } Internet - source: _____

{ } Walk In { } Other - explain: _____

PET INFORMATION

PET #1

Name:_____

DOB/Age: _____

Breed:_____

Color:_____ Sex:____

Neuter/Spay: Yes_____ No_____

PET #2

Name:_____

DOB/Age:_____

Breed:_____

Color:_____ Sex:____

Neuter/Spay: Yes_____ No_____

*** ECAC occasionally uses pet photos for advertisement/promotion of our clinic. ***
*** Please indicate below if you give permission for your pet's photo to be used. ***
YES_____ NO_____

I UNDERSTAND THAT PAYMENT IS DUE AS SERVICES ARE RENDERED AND I AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE PET(S).

Payment Type: Care Credit____ Cash____ Check____ Discover____ Mastercard ____ Visa____

Signature of Owner: _____ Date: _____