



Charles Whitford, DVM Whitney Whitford, DVM Pamela Mettley, DVM Rachel Williams, DVM

About the Owner: Please Print

Client # (Office use only):

Circle One: Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Rev

Client Name: _____

Other Authorized Person(s): _____

Mailing Address: _____

Street City State Zip

Physical Address: _____

Street City State Zip

Email Address: _____

Best Phone # to reach you: _____ or _____

Emergency contact/phone number: _____

How did you hear about us? (Facebook, Website, newspaper, Friend, Other): _____

About the Pet: Please Print

Pet Name: _____ Circle: Dog, Cat, Other _____

Breed: _____ Color: _____ Birth Date/Age: _____

Sex (circle all that apply): Male / Neutered Female / Spayed Is your pet microchipped? Yes / No

Are your pet's vaccines current? Yes / No If so, where were they done? _____

Did you bring your pets records or have them faxed? Yes / No

May we call for records? Yes / No If so, where? _____

Signature: _____

May we use your Pet(s) picture on our social media? Yes No

Additional Pets on back page.

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For confidentiality, this information is shredded after entry into the computer. Therefore, all services are to be paid when rendered. A deposit will be requested for any pet admitted for Hospitalization.