

Welcome to KC Animal Hospital, we can't wait to meet your pet!



Client Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**How would you like to receive your pet's healthcare reminders?**

Text  Email  Postcard

Pet Information

Name: \_\_\_\_\_ Birthdate or Approx. age: \_\_\_\_\_

Sex: Male  Female  Are they spayed/neutered? Yes  No

Species: Dog  Cat  Avian  Rodent  Reptile  Other

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

What age was pet obtained? \_\_\_\_\_

Obtained from? Friend  Breeder  Pet Shop  Rescue

**Where can we get your pet's previous medical records?**

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Permission to feature your pet on social media or our website:** Yes  No

**AUTHORIZATION TO TREAT**

I hereby authorize the veterinarian(s) employed at KC Animal Hospital to examine, prescribe medications for, or treat the above noted pet. I assume responsibility for any charges incurred in the care and treatment of this animal. I understand that payment in FULL is due at the time of service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_