

Welcome to Enoch Vet Clinic

We are glad to have the opportunity to care for your pet, please fill out this form completely.



Client Information: \_\_\_\_\_ Date : \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Pet Health History:

Name: \_\_\_\_\_ Gender: Male Neutered Female Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB \_\_\_\_\_

Last Vet Visit & Reason for visit or anything we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: I/we hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I/We assume responsibility for all charges incurred for the care of the animal. I also understand that all professional fees are due at the time services are rendered.

I/We will be paying by Check, Cash, Visa, Debit, Master Card or Discover (Please Circle your preference).

Signature of Responsible Party: \_\_\_\_\_