

Sifferlin Animal Clinic
New Client Form

Date: _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

Email _____

Pet Health History

Name of Pet _____

Dog

Cat

Other _____ (circle one)

Breed _____

Color _____ Date of Birth _____

Male / Neutered

Female / Spayed (circle one)

Reason for Visit

Vaccination History (date and type of vaccinations)

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical and/or medical treatments.

Signature of owner _____

Date _____

Method of Payment: Cash Check Mastercard Visa Discover CareCredit
(circle one)