



Welcome to Lien Animal Clinic

Caring for Your Pets is Our Family's Business

CLIENT INFORMATION

Date: _____

Name (Last, First): _____ Primary Phone: _____
 Address: _____ Secondary Phone: _____
 City: _____ Work Phone: _____
 Zip: _____ Employer Name: _____
 Email Address: _____

By providing your email, you authorize Lien Animal Clinic to send you communications regarding your pet including, but not limited to, vaccine and exam reminders, test results, and product information. You can opt out at any time.

Spouse / Secondary Client / Emergency Contact

2nd Client Name: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Preferred Method of Contact:
 Primary Phone Work Phone Secondary Client Phone E-mail TXT MSG Postal Mail

Whom may we thank for referring you? _____

PATIENT INFORMATION

Patient Name: _____
 Birth date: _____
 Age: _____
 Species: Dog Cat Other _____
 Breed: _____
 Coat Color: _____
 Sex: Male Female
 Neutered or Spayed? Yes No
 Microchip? Yes No
 Microchip Number: _____

Patient Name: _____
 Birth date: _____
 Age: _____
 Species: Dog Cat Other _____
 Breed: _____
 Coat Color: _____
 Sex: Male Female
 Neutered or Spayed? Yes No
 Microchip? Yes No
 Microchip Number: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be due at the time the service is performed and that a deposit may be required for surgical procedures.

Publicity Release: I give Lien Animal Clinic permission to use my pet's name and photograph in any promotional or educational materials.

Signature _____ Date: _____

OFFICE USE ONLY

Client ID: _____ Welcome Send Date: _____
 Entered by: _____ Thank You Send Date: _____