

# Welcome to Lien Animal Clinic



Caring for your pets is our family's business

Date \_\_\_\_\_ Client # \_\_\_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_

Spouse/Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse /Co-Owner Phone \_\_\_\_\_

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

During regular business hours, where do you generally prefer we contact you?

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Spouse/Co-Owner Phone \_\_\_\_\_

Would you like to receive text message updates if your pet is hospitalized or boarding at the clinic? Yes \_\_\_ No \_\_\_

Referral Source: Name \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## **Patient Information**

Pet's Name \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Breed \_\_\_\_\_

Female \_\_\_\_\_ Spayed? Yes \_\_\_ No \_\_\_ Male \_\_\_\_\_ Neutered? Yes \_\_\_ No \_\_\_

Coat Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Vaccination History \_\_\_\_\_

Current Problems \_\_\_\_\_

List names and types of any other pets \_\_\_\_\_

## **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.

Signature of Owner or agent \_\_\_\_\_ Date \_\_\_\_\_