

Welcome!

Thank you for giving *Arch Beach Veterinary Clinic* the opportunity to care for your pet.

Please have your Drivers Lic.
ready for photo copy as well as any of your pet's previous records.

Owner: _____
Last First

Street Address: _____
No P.O. Boxes

City: _____ Zip: _____

Email Address: _____

Phone Numbers:
Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Spouse/Partner _____
Name Phone Number

How Did You Hear About Us? _____

I UNDERSTAND THAT ALL FEES ARE TO BE PAID AT THE TIME OF SERVICES RENDERED.

I hereby authorize the veterinarian to examine, prescribe for, or treat the below described pet(s). I assume financial responsibility for all charges incurred for the care of this animal(s). I also understand that these charges will be paid for in full at the time services are rendered, and that a deposit will be required for any surgical procedure or hospitalization.

Client Signature: _____ Date: _____

Credit Card #: _____ Exp: _____ CVV: _____

Pet's Name: _____ Dog Cat Other	Pet's Name: _____ Dog Cat Other	Pet's Name: _____ Dog Cat Other
Breed: _____	Breed: _____	Breed: _____
Color: _____	Color: _____	Color: _____
DOB: _____	DOB: _____	DOB: _____
Sex: _____	Sex: _____	Sex: _____
Spayed/Neutered? _____	Spayed/Neutered? _____	Spayed/Neutered? _____