

# Welcome!

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

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

Owner: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_  
No P.O. Boxes

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

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Partner \_\_\_\_\_  
Name Phone Number

Referred by: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Phone call \_\_\_\_\_ Text Message \_\_\_\_\_ Email \_\_\_\_\_

Pet's Name: _____	Pet's Name: _____	Pet's Name: _____
Species: _____	Species: _____	Species: _____
Breed: _____	Breed: _____	Breed: _____
Color: _____	Color: _____	Color: _____
DOB/Approx Age: _____	DOB/Approx Age: _____	DOB/Approx Age: _____
Sex: M / F	Sex: M / F	Sex: M / F
Spayed/Neutered: Y / N	Spayed/Neutered: Y / N	Spayed/Neutered: Y / N
Is your pet microchipped: Y / N	Is your pet microchipped: Y / N	Is your pet microchipped: Y / N

- PHOTO CONSENT:** We love social media! Do we have your permission to share your pet(s) image and story on social media? Your name and personal information will never be shared. Simply check below to authorize:
  - \_\_\_\_\_ Yes. I authorize ABVC to share my pet's photo and story.
  - \_\_\_\_\_ No. I prefer not to authorize this.
- TREATMENT CONSENT:** 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 pet(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: \_\_\_\_\_