



Welcome to Canada del Oro Pet Clinic

Client # _____

Owner (First) _____ Last _____
Spouse (First) _____ Last _____
Mailing Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone # _____ Cell # _____
Work # _____ Spouse Work # _____
How did you hear about us? _____



Pet Information

Pet's Name _____ Dog _____ Cat _____ Other _____
Spayed _____ Neutered _____ Breed _____ Color _____ Birth Date _____
Vaccination History _____
Diet _____ Allergies _____
Current Medications _____
Reason for visit today _____

Pet's Name _____ Dog _____ Cat _____ Other _____
Spayed _____ Neutered _____ Breed _____ Color _____ Birth Date _____
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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 paid at the time of release and that a deposit may be required for surgical treatment.

Signature _____ **Date** _____