

## CLIENT INFORMATION

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

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Email address (please be precise. print neatly) \_\_\_\_\_

Spouse/Other First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Other Cell Phone \_\_\_\_\_

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 extensive treatment.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for photographs of me and any of my pets to be used on Animal Ark of Arcadia's website, Facebook page, or Intravet program.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

**ALL FEES DUE AT TIME SERVICES ARE RENDERED**

### **Pet 1:**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species: dog \_\_\_ cat \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_\_\_ neutered \_\_\_\_\_ Female \_\_\_\_\_ spayed \_\_\_\_\_

Does your pet have aggression issues? yes \_\_\_ no \_\_\_

Has your pet ever had a reaction to vaccines or medication? yes \_\_\_ no \_\_\_

If yes, what? \_\_\_\_\_

### **Pet 2:**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species: dog \_\_\_ cat \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_\_\_ neutered \_\_\_\_\_ Female \_\_\_\_\_ spayed \_\_\_\_\_

Does your pet have aggression issues? yes \_\_\_ no \_\_\_

Has your pet ever had a reaction to vaccines or medication? yes \_\_\_ no \_\_\_

If yes, what? \_\_\_\_\_