

Welcome to Red Bird Animal Clinic

Please Circle One: New Client Current Client-New Pet

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home # _____ Cell # _____ Cell # _____

Employer: _____ Work # _____

Spouse/Co-Owner's Name: _____

E-Mail Address: _____

How did you first hear of us? _____
(Person's Name, Yellow Pages, Sign, Newspaper, etc.)

Pet Name:	Color:
Birth Date:	Age:
Species: Cat Dog Other _____	Indoor Outdoor Both
Breed:	Sex:
Neutered/Spayed?	
Date of Last Vaccination:	
Last Rabies Vaccination:	
Where Shots Obtained:	
Any Long-Term Problems: _____ _____	
Current Medications, if any: _____ _____	

Reason For Visit: _____

List names and types of any other pets you own:

Hospital Policy: Total payment is due at time of discharge. Deposits will be required on Hospitalized patients. I am aware that the clinic is unable to provide 24 hour observation on animals left for treatment and or surgery; however, they may be examined and treated at the Veterinarian's discretion and direction. I also understand that all animals entering the Clinic for any reason including bathing, boarding, etc. must be current on all vaccinations No exceptions. In case I cannot be reached, I give the doctor permission to treat my pets as he deems necessary and agree to pay for any and all services rendered.

I am aware that Red Bird Animal Clinic, **does not accept Checks.**

Signature of Owner: _____ Date: _____