



PALACIOS
Veterinary Clinic

Client and Patient Information Form

Client Information:

Client Name: _____

Email: _____

Do not use my email to contact me, send reminders, or receive receipts

Social Security # _____ Drivers License # _____

Date of Birth (MM/DD/YYYY): ___/___/_____

Spouse/ Additional Client:

Name: _____

Email: _____

Address Information:

Street Address: _____

City/ State/ Zip: _____/_____/_____

Mailing Address (only complete if different): _____

Contact Information:

Please Circle one:

Phone#1 (Primary Phone): _____ (Cell/Home/Work) **Name:** _____

Phone#2: _____ (Cell/Home/Work) **Name:** _____

Phone#3: _____ (Cell/Home/Work) **Name:** _____

Phone#4: _____ (Cell/Home/Work) **Name:** _____

Pet Information:

Pet Name: _____

Sex (Please Circle): Male / Female / Male Neutered / Female Spayed

Species: _____ Breed: _____

Color: _____

Date of Birth / Age: _____

Additional Info (ex: allergies, microchip, etc.):

Please See Back 

Please Sign The Following Authorization For Treatment:

I hereby authorize the staff of PVC to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative, if time permits, before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Owner Signature _____ Date: _____