



Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions about your pet's health. In addition, the new state law (2007) requires us to have specific information in order to prescribe medications. To ensure the best care possible, we ask that you fill out this form completely. Thank you!

Person Responsible for Account (must be 18 years+)

Table with 5 columns: Last Name, MI, First, Date of Birth, and a blank column. Rows for Primary and Secondary contact.

Email : _____

Address _____

City: _____ State: _____ Zip: _____

Primary Contact Number: (____) _____ - _____

Additional Contact Number: (____) _____ - _____

List Others okay to Authorize Treatment: _____

How did you hear about our clinic?

- Recommendation, Friend, Yelp, Online

Name of Pet #1: _____ Dog Cat Male Neutered Female Spayed

Breed: _____ Color: _____ Birthday: ____/____/____

Vaccination History or Previous Veterinarian: _____

Name of Pet #2: _____ Dog Cat Male Neutered Female Spayed

Breed: _____ Color: _____ Birthday: ____/____/____

Vaccination History or Previous Veterinarian: _____

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. Animal Clinic of Benicia does not accept checks. We deeply apologize for any inconvenience this may cause you. Please feel free to discuss other options with our receptionist. We do accept Cash/American Express/VISA/Discover/Mastercard/Care Credit.

Signature of Owner: _____ Date: ____/____/____

Drivers License # : _____