



## WELCOME TO PALMETTO ANIMAL CLINIC

The veterinarians and staff of Palmetto Animal Clinic are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer; please fill out this form completely.

### ***Client Information/Información del Cliente:***

Date/Fecha: \_\_\_/\_\_\_/\_\_\_

Owner's Name/Nombre de Dueño: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ Zip/Código Postal: \_\_\_\_\_

Email address/Correo Electrónico: \_\_\_\_\_

Phone number/Número de Teléfono: (\_\_\_\_) \_\_\_\_\_

### ***Pet Information/ Información de la mascota :***

Pet Name/Nombre de Mascota: \_\_\_\_\_ Species? /Especie? Dog or Cat

Birth Date/Fecha de Nacimiento: \_\_\_\_\_ Gender? /Genero? Male or Female

Breed/ Raza? \_\_\_\_\_ Sterilized? /Estirilizado? Yes or No

Color: \_\_\_\_\_ Vaccines? / Vacunas? Yes or No

Reason for this visit? /Razon de visita? \_\_\_\_\_

*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 my pet(s). **I also understand that all professional fees are due at the time services are rendered.***

*Autorizo al Veterinario a examinar a la mascota anteriormente descrita. Yo asumo la responsabilidad de todos los gastos debidos al cuidado de mi mascota(s). **Tambien entiendo que todos los costos deben ser pagados al final del servicio prestado.***

***Signature of responsible party/ Firma de persona responsable:*** \_\_\_\_\_

***Authorized person to sign/Personas autorizada para firmar:*** \_\_\_\_\_

