



## CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Gender:  Male  Female  Spayed/Neutered  
Birthdate (MM/DD/YY): \_\_\_\_\_ OR Approximate Age: \_\_\_\_\_  
 Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Gender:  Male  Female  Spayed/Neutered  
Birthdate (MM/DD/YY): \_\_\_\_\_ OR Approximate Age: \_\_\_\_\_  
 Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Gender:  Male  Female  Spayed/Neutered  
Birthdate (MM/DD/YY): \_\_\_\_\_ OR Approximate Age: \_\_\_\_\_  
 Dog  Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

## APPOINTMENT/PET REMINDERS

✓ I would like to receive Appointment Reminders via:  EMAIL: \_\_\_\_\_  
 PHONE CALL OR  TEXT MESSAGE  (Service Provider): \_\_\_\_\_

✓ I would like to receive Healthcare Reminders for my pet via:  EMAIL: \_\_\_\_\_  
 POSTCARD  PHONE CALL OR  TEXT MESSAGE  (Service Provider): \_\_\_\_\_

✓ I give Bottletree Animal Hospital consent to use photos of the above named pet (s) on any of their social media outlets.  YES  NO

How did you choose our practice?  Social Media  Personal recommendation: \_\_\_\_\_  
(Who may we thank?)

Online search: What word did you search? \_\_\_\_\_  Location  Other: \_\_\_\_\_

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet(s). 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 service and that a deposit may be required for treatment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_