



**Client Information**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Spouse/Significant Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Work phone/who: \_\_\_\_\_  
Which phone number do you prefer we use as your **primary** contact number? \_\_\_\_\_  
Primary Email \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neutered- Yes \_\_\_\_\_ No \_\_\_\_\_  
Previous Veterinarian: \_\_\_\_\_  
Medical Conditions/Medications: \_\_\_\_\_

**How did you hear about us?** Yellow pages \_\_\_\_\_ Internet \_\_\_\_\_ Signage \_\_\_\_\_ Advertisement \_\_\_\_\_  
Referred by a friend \_\_\_\_\_

For your convenience, we offer payment with Cash, Personal Check, Care Credit, or Visa/MC/Discover.  
**Payment is due in full at each appointment.**

**Authorization:**

I hereby authorize the Veterinarian/s and staff of Kirby Veterinary Hospital to examine, prescribe for, and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my animal(s). I also understand that all professional fees are due at the time services are rendered.

May we use pictures of your pets on our social media pages and website  yes

Signature of responsible party for pet(s) \_\_\_\_\_ Date: \_\_\_\_\_

Names of any other responsible parties to who pet(s) may be released and who may make decisions on care: