

PATIENT INFORMATION

Section 1

Owner _____ Last 4 of SS# _____ Date of Birth _____

Spouse _____ Last 4 of SS# _____ Date of Birth _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Spouse cell _____

Email _____

Preferred Method of Contact: Home _____ Cell _____ Text _____ Email _____

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Section 2

Pet's Name _____

Dog Cat Other _____ Male Female Neutered/Spayed? Yes No

Breed _____ Color _____ Age/Birth date _____

Section 3

Current Pets' Names:

Dogs: _____

Cats: _____

Section 4

_____ I hereby authorize Middlebury Animal Clinic to release medical history and vaccination records for my pets.

_____ I hereby authorize Middlebury Animal Clinic to use any images in video or picture on social media.

Today's Date _____

Signature