



**Customer Form**

**Customer Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Pager: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Veterinarian Information:**

**Emergency Contact Information (other than vet):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Client(s) - Please include Pet Name(s), Breed(s) and Age(s) (please include birthdays if known):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your dog allowed to have treats?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Is your cat allowed to have treats?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

As owner of the above listed pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my pet.

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