



Client ID:	
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Owner's Name(s): _____

Pet's Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell phone: () _____

Email Address: _____

If you are writing a check today, please fill out the following information:

Driver's License #: _____ Issuing State: _____ Date of Birth: _____

How did you hear about us? (Please check ALL that apply) and CIRCLE the main referral that brought you to us today.

Sign/Building Phone Book Clinic Website Google/Yelp

Facebook Local Business Name: _____ Petco Home Show

Referred by Doctor/Clinic: Name: _____

Tri-Lakes Humane Society

Referred by Client: Name: _____

I give authorization to Allphin Veterinary Clinic and its staff to post pictures of my pet on social media.

Yes	No
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Authorization:

I assume financial responsibility for all charges incurred in the care of this animal. I understand that there will be billing and finance charges incurred on any balance left unpaid at Allphin Veterinary Clinic. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Retail	Appt
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