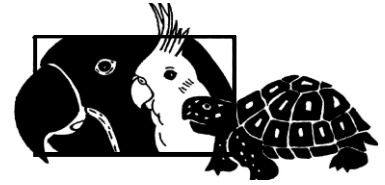




Avian & Exotic Clinic of Palm City

Client / Patient Information Form



OWNER INFORMATION PLEASE PRINT!

Please provide the following information for our records:

First Name:	Last Name:		
Street Address:	Email:		
City:	State:	Zip:	
Home Phone	Cell Phone:	Work Phone	
Place of Employment:	How Long:	Drivers License #	State Issued

Receptionist made copy of Driver's License and attached to record Yes No

ANIMAL INFORMATION

ANIMAL NAME:	SPECIES:		
BREED:	Sex:	NEUTERED:	SPAYED:
COLOR:	BIRTHDAY:	VALUE:	

IF YOU WERE REFERRED BY AVETERIAN OR CLIENT PLEASE FILL OUT THE REFERRAL INFORMATION BELOW:

VETERINARIAN OR CLIENT NAME:	PHONE:		
CITY:	STATE:	ZIP:	PHONE #:

You will be advised of estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost With the veterinarian. A minimum deposit of 50% is required for all patients that are being hospitalized.

STATEMENT OF OWNERSHIP AND CONSENT: I am the owner of the above described animal, or have authorization of its owner to consent to its treatment. I hereby authorize the diagnostic, therapeutic, anesthetic, and surgical procedures necessary. I accept financial responsibility for these services.

I have read the above consent and understand why the above procedure may be necessary. I have also been told of the possible complications and alternatives to the listed procedures.

PAYMENT CHOICE: CASH _____ BANK CARD _____ CREDIT CARD _____

PRINTED NAME OF PERSON SIGNING FORM

SIGNATURE

DATE