



# WELCOME

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Thank you for giving us the opportunity to get to know you and your pet. We would love to answer any questions you may have about your pet's health. To help us get acquainted, please take the time to fill in this form completely. Thank you!

## CLIENT INFORMATION

Client Name _____	Spouse/Other Name _____
Email _____@_____	Email _____@_____
Cell # _____ Alternate # _____	Cell # _____ Alternate # _____
Employer _____	Employer _____
Driver's License # _____ Issue State _____	Driver's License # _____ Issue State _____
Mailing Address _____	(If different from mailing) Residential Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Emergency Contact _____	Phone # _____

## PET INFORMATION

Please e-mail, fax, or bring to your appointment a copy of your pet's vaccination records. Our contact information is listed at the top of this form. If you would like us to contact your previous veterinary service provider directly for these records, please provide contact information in the designated space below.

Name _____	Species _____	Breed _____	Color _____
Birthday _____	Age _____	Sex _____	Spayed/Neutered? _____
Microchip # _____	Heartworm Preventative _____	Flea/Tick Preventative _____	
Drug/Vaccine Allergies _____			
Special Diet/Medications _____			
Current/Past Medical Conditions _____			
Previous Veterinarian _____		Phone # _____	

Information on additional pets may be entered in the additional pet information section on the following page.

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

We love to connect with our community through social media! May we have your permission to take and share images of your pet to our website or social media pages? We will never share your name or personal information.

Yes, I authorize The Ark to share images of my pet.

No, I do not authorize this.

# ADDITIONAL PET INFORMATION

## PET 2

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Microchip # \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_ Flea/Tick Preventative \_\_\_\_\_

Drug/Vaccine Allergies \_\_\_\_\_

Special Diet/Medications \_\_\_\_\_

Current/Past Medical Conditions \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

## PET 3

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Microchip # \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_ Flea/Tick Preventative \_\_\_\_\_

Drug/Vaccine Allergies \_\_\_\_\_

Special Diet/Medications \_\_\_\_\_

Current/Past Medical Conditions \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

## PET 4

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Microchip # \_\_\_\_\_ Heartworm Preventative \_\_\_\_\_ Flea/Tick Preventative \_\_\_\_\_

Drug/Vaccine Allergies \_\_\_\_\_

Special Diet/Medications \_\_\_\_\_

Current/Past Medical Conditions \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_