

Welcome to



KOKOPELLI ANIMAL HOSPITAL

CLIENT INFORMATION

Date: _____ Driver's license # or Social Security# _____
Name: _____ Spouse: _____
Address: _____ City, State, Zip: _____
Home phone: _____ E-mail: _____
Employer: _____ Work Phone: _____
Emergency Contact: _____ Contact phone # _____
How did you learn about our practice? _____
Number of pets: _____ Cell phone #: _____

PET INFORMATION

Pet Name	Age or DOB	Sex	Neutered or Spayed	Breed/Color	Medications/Allergies

Reason for obtaining your pet (circle all that apply)

Companion Protection Breeding Show Other: _____

REMINDER OPTION

Please circle which method you would prefer your appointment reminders to be sent.

E-mail or Posted Mail

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 cure of the animal.

I also understand that

***ALL PROFESSIONAL FEES ARE DUE AT THE TIME
SERVICES ARE RENDERED.***

Signature: _____ Date: _____

(Signature must be of the party responsible for the care of this pet.)