

Welcome to



**KOKOPELLI  
ANIMAL HOSPITAL**

**CLIENT**

Date: \_\_\_\_\_ Driver's license # or Social Security# \_\_\_\_\_  
 Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell phone#: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Contact phone # \_\_\_\_\_  
 How did you learn about our practice? Please check one.  
 Phone Book \_\_\_\_\_ Friend-if yes, name \_\_\_\_\_  
 Facebook \_\_\_\_\_ Veterinarian-if yes, name \_\_\_\_\_  
 Internet Search \_\_\_\_\_ Animal Shelter-if yes, name \_\_\_\_\_  
 Location/Drive by \_\_\_\_\_ Other-if yes, explain \_\_\_\_\_

**PET**

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

Previous Veterinarian: \_\_\_\_\_  
 Any Known Allergies: \_\_\_\_\_

**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.)