



Animal Care Center P.A.

328 N Main, Moscow ID 83843

8:00am-5:30pm Mon-Fri, Tues & Thurs until 7:00pm

(208)883-4349

Welcome

Thank you for choosing the Animal Care Center.
We look forward to taking care of you and your pets!

New Client Information

(Please fill out form completely.)

Date: _____

Owner's Name: _____ Spouse's Name: _____

SS#: _____ - _____ - _____ Birth date: ____/____/____ DL#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Student ID#: _____

E-Mail Address _____

How did you learn of Animal Care Center? _____

If recommended, by whom? _____

Animal Information

Species of Pet: Dog Cat Other: _____

Name: _____ Approx. Date of Birth: _____

Breed: _____ Color: _____

Sex: Male Neutered Female Spayed

Vaccination History (Date and type of last vaccinations): _____

Reason for visit: _____

Does your pet have any known drug sensitivities? _____

Is your pet currently on any medications? _____

Do you have any other pets at home? Yes No

Describe your pet's diet: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care this animal. I also understand that payment is expected at the time of service and a deposit may be required for surgical treatment.

Signature of Owner: _____ Date: _____

My method of payment will be:

Cash: _____ Check: _____ Charge Card: _____