

# Debbie Lane Animal Clinic

## Client & Pet Information

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Owner's Name** \_\_\_\_\_ **Pet Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Name of Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Driver's License#** \_\_\_\_\_ **Exp** \_\_\_\_\_ **Height** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Color Eyes** \_\_\_\_\_  
**Spouse/Additional Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Whom May We Thank For Referring You** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Breed** \_\_\_\_\_ **Age** \_\_\_\_\_ **Color** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Spayed/Neutered?** \_\_\_\_\_ **Microchip?** \_\_\_\_\_

### **Dog (Canine) Dates of Last Vaccinations:**

**Rabies** \_\_\_\_\_ **DHLP-Parvo** \_\_\_\_\_ **Bordetella** \_\_\_\_\_ **Corona** \_\_\_\_\_

### **Cat (Feline) Dates of Last Vaccinations:**

**Rabies** \_\_\_\_\_ **FDV-FRT** \_\_\_\_\_ **FELV** \_\_\_\_\_ **FIP** \_\_\_\_\_ **FIV** \_\_\_\_\_

**Current Medications (please list):** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Known Reactions to Vaccinations/Medications:** \_\_\_\_\_

**Previous/Known Health Conditions:** \_\_\_\_\_

**Diet/Type of Food** \_\_\_\_\_

**Reason for Your Pet's Visit Today** \_\_\_\_\_

I hereby consent and authorize the Debbie Lane Animal Clinic, it's doctors, agents, and/or employees to administer such treatments, diagnostic, surgical and anesthetic procedures as they deem necessary upon the described animal. I also certify that no guarantee or assurance has been made to the results that may be obtained. Further, I assume financial responsibility for all charges incurred to patient and understand and accept that payment is due at the time services are rendered.

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

\_\_\_\_\_  
**Date**