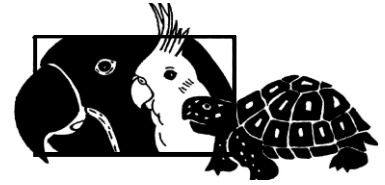




# Avian & Exotic Clinic of Palm City

## Client / Patient Information Form



**OWNER INFORMATION    PLEASE PRINT!**

Please provide the following information for our records:

First Name:	Last Name:		
Street Address:	Email:		
City:	State:	Zip:	
Home Phone	Cell Phone:	Work Phone	
Place of Employment:	How Long:	Drivers License #	State Issued

**Receptionist made copy of Driver's License and attached to record     Yes     No**

**ANIMAL INFORMATION**

ANIMAL NAME:	SPECIES:		
BREED:	Sex:	NEUTERED:	SPAYED:
COLOR:	BIRTHDAY:	VALUE:	

**IF YOU WERE REFERRED BY AVETERIAN OR CLIENT PLEASE FILL OUT THE REFERRAL INFORMATION BELOW:**

VETERINARIAN OR CLIENT NAME:	PHONE:		
CITY:	STATE:	ZIP:	PHONE #:

You will be advised of estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost With the veterinarian. A minimum deposit of 50% is required for all patients that are being hospitalized.

**STATEMENT OF OWNERSHIP AND CONSENT:** I am the owner of the above described animal, or have authorization of its owner to consent to its treatment. I hereby authorize the diagnostic, therapeutic, anesthetic, and surgical procedures necessary. I accept financial responsibility for these services.

I have read the above consent and understand why the above procedure may be necessary. I have also been told of the possible complications and alternatives to the listed procedures.

PAYMENT CHOICE:    CASH \_\_\_\_\_    BANK CARD \_\_\_\_\_    CREDIT CARD \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PERSON SIGNING FORM

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE