



Welcome to The Animal Medical Center of Marquette!

CLIENT INFORMATION

Date: _____

Name: _____

Address: _____

City / State / Zip: _____

Email: _____

Home phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Emergency contact: _____

Phone: _____

Relation to owner: _____

Whom may we thank for referring you to AMC? _____

PET INFORMATION

Name: _____ Dog Cat Other _____

Sex: M F Neutered/Spayed: Yes No At what age? _____

Age: _____ Birth Date: _____ Breed: _____

Color: _____

At what age did you obtain your pet? _____

Where did you obtain your pet? _____

Has your pet been to another veterinarian? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility of all charges incurred in the case of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. NO PARTIAL PAYMENTS.

Signature: _____