



N64 W24280 Main St. • Sussex, WI 53089
Phone: 262-246-5820 • Fax: 262-246-5825 • sussexanimalclinic.com

Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best possible care, please take time to fill in this form completely.

Client Information

Name _____ Spouse/Other Name _____
Address _____ Home/Cell Phone _____
City _____ Employer _____
Home Phone _____ Occupation _____
Cell Phone _____ Work Phone _____
Email _____
Employer _____
Occupation _____
Work Phone _____

Other than you and any additional owners listed above, are there any other individuals (over 18) to whom you authorize the care of your pets?

Yes No
If yes, please list _____

What is your preferred contact number?

Cell Home Work

Would you like to receive reminders and updates via text message? Yes No

Who may we thank for referring us to you:

Website Online Search Yellow Pages
 Drove by/our sign Friend/Family, who can we thank? _____

Patient Information

Name _____ Male/Female _____
Date of Birth _____ Spayed/Neutered? Yes No
Breed _____
Health Conditions/Medications _____

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Date of Birth _____ Spayed/Neutered? Yes No
Breed _____
Health Conditions/Medications _____

Emergency Contact

Name _____ Phone _____

Medical Authorization

I hereby authorize the veterinarian to examine, prescribe, and treat the above described animal(s). I assume responsibility for all charges incurred by the care of my pet, and understand that these charges will be paid in full at time services are rendered.

We will gladly prepare a written estimate for services at your request. We accept the following forms of payment, please select your preferred method:

Cash Check MasterCard Visa Discover Care Credit

Signature of Owner _____ Date _____