

# Welcome to St. Clair Animal Care

*Please fill out the form completely, as this will help us to better serve you.  
If you have more than one pet, please fill out the bottom part of this form for each pet.*

Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
How did you learn about us? (circle one): yellow pages   sign   online   family/friend  
Referred by: \_\_\_\_\_

## **Pet Information**

1) Pet's Name \_\_\_\_\_ Dog/Cat? \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_  
Neutered/Spayed (fixed?) \_\_\_\_\_ Date of Birth or Approx. Age \_\_\_\_\_  
Color or Markings \_\_\_\_\_

2) Pet's Name \_\_\_\_\_ Dog/Cat? \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_  
Neutered/Spayed (fixed?) \_\_\_\_\_ Date of Birth or Approx. Age \_\_\_\_\_  
Color or Markings \_\_\_\_\_

3) Pet's Name \_\_\_\_\_ Dog/Cat? \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_  
Neutered/Spayed (fixed?) \_\_\_\_\_ Date of Birth or Approx. Age \_\_\_\_\_  
Color or Markings \_\_\_\_\_

## **Before we can accept a check, we will need the following information:**

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, and treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that these charges will be paid at the time of service and that a pre-payment may be required. I give permission for the veterinary hospital to use pictures of and/or general details about my pet on social media. (To opt out of the social media release, check here: ☐)

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for choosing us to care for your pet. We appreciate your trust.*