Greenbrier
Animal Care Center

Client Contact and Patient Information

Please sign Virginia Veterinary Disclosure form and provide receptionist with your Picture I.D.

Primary Owner Name:
____________________ ____________________ ______
Last First Middle Int

Driver's License # **State** **D.O.B**
___________________________ ______ ____/____/___

Phone Numbers:
H (______) _______-___________
W (______) _______-___________
C (______) _______-___________

Owner Name:
____________________ ____________________ ______
Last First Middle Int

Driver's License # **State** **D.O.B**
___________________________ ______ ____/____/___

Phone Numbers:
H (______) _______-___________
W (______) _______-___________
C (______) _______-___________

Address: ____ City ___________ St ___ Zip Code _____
Primary Email Address: ____

Primary Employer: ____
Employer Address:_________________________________ City ___________ St ___ Zip Code _____

Emergency Contact:
Name: ____ Phone: (______)
_______-___________

How did you hear about us?
(circle one) Internet Shopper Ad Promotion Referred by:___________________________

Pet's Name: __________________________ **Species:** *(circle)* Canine / Feline / Other :
____
Breed: ___________________ **Color:** ______________ **D.O.B.** ____________ *(circle)* **M** / **N** or **F** / **S**

Pet's Name: __________________________ **Species:** *(circle)* Canine / Feline / Other :
____
Breed: ___________________ **Color:** ______________ **D.O.B.** ____________ *(circle)* **M** / **N** or **F** / **S**

Authorization for Treatment

I hereby authorize Greenbrier Animal Care Center to render any treatment which is deemed necessary to my pet's health while in custody of the hospital. I understand that in the event of any unusual circumstances, the staff will make every attempt to contact me or my designated representative if time permits, prior to treatment.

____
____
Signature of Owner Date

Greenbrier Animal Care Center

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I understand that I will be financially responsible for all emergency procedures.
I understand that payment is expected at the time services are rendered and that I may request an estimate prior to treatment.

____
____

Signature of Owner   Date