



5030 Gateway Drive, Suite A • Grand Forks, North Dakota 58203 • Phone 701-746-9707 • Fax 701-746-1540

Welcome Sheet

Client's Name: _____ Date: ___ / ___ / ___

Client's Address: _____

City: _____ State: _____ Zip: _____

Client's Birthdate: ___ / ___ / ___ Cell: (____) _____ Work: (____) _____

Email: _____

Employer: _____ Employer Phone: (____) _____

Secondary Contact Information

Name: _____ Phone (____) _____

Address: _____ Address Same as Client

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Phone: (____) _____

Pet Information

Pet Name: _____ Date of Birth/Age: _____

Species: _____ Breed: _____ Color: _____

Sex: Male Neutered Female Spayed

Reason for Visit: _____

Current Medications Pet Is On: _____

Prior Surgeries: _____

Prior Illness: _____

Previous Veterinary

Clinic: _____ Phone: (____) _____

Vaccination

Records: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. **I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at time of services rendered.**

Signature of responsible party: _____ Date: ___ / ___ / ___

The information provided on this form is strictly confidential and is to be used only by the practice to provide care and treatment for your pet.