

Kim P. Pang, DVM
Client and Pet Information Sheet

Date: _____

Owner's Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) _____ (Cell) Email: _____

How did you first learn of my practice? I would like to thank any individual who referred you.

Pets

Name: _____ Species (Dog/Cat/Other): _____ Breed: _____

Sex: _____ Neutered/Spayed?: _____ Date of birth: _____

Name: _____ Species (Dog/Cat/Other): _____ Breed: _____

Sex: _____ Neutered/Spayed?: _____ Date of birth: _____

Name: _____ Species (Dog/Cat/Other): _____ Breed: _____

Sex: _____ Neutered/Spayed?: _____ Date of birth: _____

I hereby authorize Dr. Kim Pang to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

Signature of responsible party: _____ Date: _____

Name (Please print): _____

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