

Animal Clinic, Inc.
 133 28th Street SE
 Grand Rapids, MI 49548
 616.241.3651

- Estimate prepared
 Estimate given to client

OWNER INFORMATION FOR HOSPITALIZED PET

Today's Date		Veterinarian	
Name of Patient		Client Account number	

Owner Information

Owner's Full Name:

Spouse's Name:

Alternate Contact/Person to pick up pet:

Current Address:

Street Address	
City, State, Zip Code	

Previous Address:

Street Address	
City, State, Zip Code	

Telephone Numbers:

Home telephone number	
Owner's cell phone number	
Owner's other number	
Spouse's cell phone number	
Spouse's other number	
Additional telephone numbers	

Animal Clinic, Inc. requires a *deposit* of estimated hospitalization cost with the balance to be paid just prior to your pet being discharged from the Animal Clinic

Deposit:

Form of Payment	
Amount	

I, the owner of the pet listed above, do hereby authorize Animal Clinic, Inc. and its staff, doctors, or agents to care for my pet in my absence. The Doctors and staff of the Animal Clinic, Inc. are to use all reasonable precautions against injury, escape or death of my pet. I will not hold the Doctors or staff of the Animal Clinic, Inc. liable for an adverse outcome. My pet needs to be hospitalized today for a specific medical procedure:

- I.V. Fluids Therapy Radiographs
 Urinalysis Observation/Other: _____

Owner signature: _____ Date: _____