



Client Details:

First Name: _____ Last Name: _____

Email: _____

Phone: _____ Phone: _____ Phone: _____

Address: _____

ID number:

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Patient Details:

Patient name: _____ Species: Dog / Cat / Other _____

Breed: _____ Sex: M / F Neutered: Y / N

Birth date/ Age: _____ Colour: _____

Allergies: _____ Weight: _____

Microchip: Yes / No

Insurance: Yes / No

Patient Details:

Patient name: _____ Species: Dog / Cat / Other _____

Breed: _____ Sex: M / F Neutered: Y / N

Birth date/ Age: _____ Colours: _____

Allergies: _____ Weight: _____

Microchip: Yes / No

Insurance: Yes / No

I, hereby authorize Vaal Animal Clinic to examine, prescribe, and treat the above pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that these charges will be paid for at the time of release and that a deposit may be required for treatment

Date: _____

Signature: _____