Campbell Village Veterinary Clinic

GUARDIAN - PATIENT INFORMATION FORM

Name_____Date_____
LAST FIRST
Address_____
City/Zip_____Home Phone_____
WorkPhone_____Cell Phone_____
E-Mail Address_____
Drivers License # _____

Spouse_____
LAST FIRST
Work Phone_____Cell Phone_____
E-Mail Address_____
Drivers License # _____

K-9 or Feline Species	Pet(s) Name	Breed	Color	Sex	Neutered Spayed	Birth Date	Last Vacc

PLEASE CHOOSE 1 OF THE FOLLOWING AND INITIAL:
My pet(s) may be released to the above listed persons only. _____**INITIAL**
My pet(s) may be released to the above listed persons and the following persons: _____**INITIAL**

_____

_____

I affirm that the above information is correct to the best of my knowledge. It will be held in the strictest confidence and it is my responsibility to inform this office of any changes. I authorize the veterinary staff to perform all medical procedures necessary for my pet's health. I assume full financial responsibility & agree to pay in full when services are rendered or upon discharge of the patient._____**INITIAL**

We accept Cash, Local Bank Checks, MasterCard, Visa and Discover for your convenience.

Signature_____Date_____