



**otter lake
animal care center**

Client/Pet Information

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill out this form for our records. Thank you!

Owner's Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: (_____) _____ - _____ Cell: (_____) _____ - _____

Do you wish to receive reminders and updates by email? Yes No

Email: _____

Referred to us by: _____

Pet's Name: _____ Breed: _____ Color: _____

Species: _____ Sex: _____ Neutered Birthdate: _____

Canine Male Spayed

Feline Female Intact

Allergies? _____

Significant Medical Conditions, Surgeries, Injuries? _____

Previously Vaccinated? Yes No If yes, where? _____

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Species: _____ Sex: _____ Neutered Birthdate: _____

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Feline Female Intact

Allergies? _____

Significant Medical Conditions, Surgeries, Injuries? _____

Previously Vaccinated? Yes No If yes, where? _____

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner : _____ Date: _____