



# Metz Petz Veterinary Clinic

Dr. Melissa P. Metz · Dr. Nathan A. Metz

Welcome to Metz Petz Veterinary Clinics. Thank you for choosing us to care for your pets. To better acquaint us with you and your pet, please complete the following form to the best of your knowledge. Thank You.

### STANDARD CONSENT & CLIENT INFORMATION

Client Name:					
Alternate Contact:					
Address:					
City:	State:		Zip Code:		
Primary Phone Number:	( _____ ) _____ - _____				
Secondary Phone Number:	( _____ ) _____ - _____				
Place of Employment:					
Employment Phone Number:	( _____ ) _____ - _____				
Email Address:	_____ @ _____				

Name	Age/DOB	Dog/Cat	Breed	Color	Sex	Spayed/Neutered
						Yes ___ No ___
						Yes ___ No ___
						Yes ___ No ___
						Yes ___ No ___
Are any of your pets microchipped?			Yes		No	
How did you hear about our clinic?						
Yellow Pages	Clinic Sign	Facebook	Google	Clinic Website	Veterinary Referral	
		Other Referral				

### AUTHORIZATION

I authorize permission to proceed with a medical examination and treatment for the above patients. I assume full responsibility for all charges incurred in the care of these animals. I understand that these charges must be paid in full at the time of discharge and a deposit is required for any hospitalizations, treatments, diagnostics, or surgical procedures.

I understand that, should 3 appointments be missed without reasonable notice, I will incur a missed appointment fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2019

Driver's License: State \_\_\_\_\_ Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Form of Payment circle: Cash    VISA    Master Card    Discover    Care Credit    Check (not applicable for first visit)