



Metz Petz Veterinary Clinic

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

Welcome to Metz Petz Veterinary Clinics. I 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)