

Animal Clinic of St. George

857 E. Tabernacle Street, St. George, Utah * 435-673-9696

please print

Client Information

Last Name: _____ First Name: _____ Spouse _____

Address: _____ Phone #1: _____ Phone #2: _____

City: _____ State: _____ Zip: _____ Work #: _____

Employer: _____ E-mail address: _____

How did you hear about us? _____

Pet Information

Name: _____ Species: DOG CAT Date of Birth/Age: _____

Breed: _____ Color/Description: _____

Sex: MALE MALE/NEUTERED FEMALE FEMALE/SPAYED

Pet Information

Name: _____ Species: DOG CAT Date of Birth/Age: _____

Breed: _____ Color/Description: _____

Sex: MALE MALE/NEUTERED FEMALE FEMALE/SPAYED

Pet Information

Name: _____ Species: DOG CAT Date of Birth/Age: _____

Breed: _____ Color/Description: _____

Sex: MALE MALE/NEUTERED FEMALE FEMALE/SPAYED

I, the undersigned owner/authorized agent of the pets identified above, hereby consent to treatment at The Animal Clinic of St. George, Inc. and will assume all financial responsibilities. I understand that all payments must be paid at the time of service via CASH, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, or CARE CREDIT. ***Animal Clinic of St. George does not accept checks***

Signature: _____ Date: _____