

# Graef Veterinary Hospital

## New Client/Update Account Form

Last:	First:
Address:	City: Zip:
Primary Phone:	Secondary Phone:
Email:	To be used for vaccine reminders, promotions, updates, etc.

**Emergency Contact:** Please note this person will be able to act on your behalf if there is an emergency situation.

Last:	First:
Address:	City: Zip:
Primary Phone:	Secondary Phone:
Email:	
Relationship to primary account holder:	

## Pet Information

Name:	Breed:
DOB:	Color/Markings:
Sex: Male Female Unknown	Is he or she spayed/neutered? Yes No
Microchip Number:	
Vaccination Status: Overdue Current Please be prepared to show certificate of vaccination	
Allergies/Serious Medical Information:	

Name:	Breed:
DOB:	Color/Markings:
Sex:    Male    Female    Unknown	Is he or she spayed/neutered?    Yes    No
Microchip Number:	
Vaccination Status:    Overdue    Current    Please be prepared to show certificate of vaccination	
Allergies/Serious Medical Information:	

Name:	Breed:
DOB:	Color/Markings:
Sex:    Male    Female    Unknown	Is he or she spayed/neutered?    Yes    No
Microchip Number:	
Vaccination Status:    Overdue    Current    Please be prepared to show certificate of vaccination	
Allergies/Serious Medical Information:	

**Please sign the following authorization for treatment:**

I hereby authorize the staff of Graef Veterinary Hospital to render any treatment, which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment, I understand that I will be financially responsible for all the emergency procedures including the estimate of charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a deposit if required on all pets admitted to the hospital.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

- Entered into Avimark
- Vaccine Info Entered