

Animal Kingdom Veterinary Care Center

620 Liberty Way
North Liberty, IA 52317
(319) 626-2999

Client Information

Owner's Last Name: _____ First Name: _____ SS: _____ DOB: _____

Co Owner Name: _____

Address: _____ City _____ State: ___ Zip _____

Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Employer Name: _____ Employer Address: _____

Dog	Cat	Pet's Name	Breed	Color	DOB	Sex	Altered

Other Information

In case of emergency, if we cannot reach you, whom should we call?

Name: _____ Phone: _____

Previous Veterinarian: _____

Usual Diet: _____ How long have you had your pet?: _____

Is your pet allergic to drugs, food, fleas? __No__ Yes Specify: _____

List any major diseases, illness, or injury your pet has had: _____

HOW DID YOU FIND OUT ABOUT US?

__ Individual. Whom may we thank for referring you? _____

__ Hospital Sign __ Yellow Pages __ Web Page

__ Other _____

We welcome you to Animal Kingdom and look forward to establishing a relationship with you. However, due to our unfortunate experiences with bad checks presented by a few first time clients, we can only accept CASH or CREDIT CARDS. Thank You.

I certify that I am the owner of the animal(s) listed above. I am at least eighteen (18) years of age and I assume total financial responsibility for the costs of services rendered by Animal Kingdom Veterinary Care Center.

Signature of Owner _____ Date _____