

Glenville Veterinary Clinic
458 Saratoga Road Glenville, NY 12302

Client # (office use only) _____

Primary owner: Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Primary Contact Phone # _____ home / cell (please circle)

Employer _____ Work Phone # _____

Alternate Contact number(s): _____

Email address _____

Co-owner: (if any) Last name _____ First name _____

Primary Contact Phone # _____ home / cell / work (please circle)

Alternate Contact number(s): _____

Email address _____

How did you first hear of us? _____

Consent for treatment: I, the undersigned, do hereby certify that I am the owner, or the duly authorized agent of the owner of the animal(s) listed in this account. I hereby consent and authorize the Glenville Veterinary Clinic to receive, board, prescribe for, treat, and operate on my animal(s). If the animal is hospitalized and an emergency arises, every reasonable effort will be made to contact the owner before any treatment is performed. Should the owner be unavailable, the hospital is hereby authorized to perform any medical treatment it deems necessary for the well-being of the animal. The owner may state in advance what limitations, if any, the owner wishes to place upon this authorization. Every possible precaution will be taken, but all risks with regard to restraint, anesthesia, surgery, care of animal(s), etc are assumed by the owner and/or the undersigned. I assume responsibility for all charges incurred in the care of this pet, and understand that full payment is due at time of services rendered.

Signature _____ Date _____

Print name _____

In case of personal emergency, please call _____ at phone # _____