



# WELCOME



## Animal Care Group

Avon Veterinary Clinic 7253 E. US Hwy 36 • Avon, IN 46123  
317-272-8706

Decatur Veterinary Clinic 5497 Kentucky Ave. • Indianapolis, IN 46221  
317-856-4000

### OWNER INFORMATION

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

Owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse/Alternate name on account: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_


Drivers License # (owner only): \_\_\_\_\_

How did you hear about us?  Phone Book  Sign/Walk-In  Internet/website

Other Advertisement, If so which one? \_\_\_\_\_

Client Referral, If so please tell us who referred you so that we may thank them: \_\_\_\_\_


### PET INFORMATION

 Pet's Name: \_\_\_\_\_  Male  Female  Neutered  Spayed

Date of Birth: \_\_\_\_\_ Breed/Species: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

 Pet's Name: \_\_\_\_\_  Male  Female  Neutered  Spayed

Date of Birth: \_\_\_\_\_ Breed/Species: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

 Pet's Name: \_\_\_\_\_  Male  Female  Neutered  Spayed

Date of Birth: \_\_\_\_\_ Breed/Species: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and that a deposit may be required for surgical treatment. I also understand that if for any reason my account is not paid in full, 5% interest will be applied to my account. If collections proceedings occur; any fees associated with that, including potentially attorney fees, will also be my responsibility.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_