

Pembroke Veterinary Clinic, Inc.
4548 Wishart Rd., Virginia Beach, VA 23455
757-464-0169

CLIENT INFORMATION

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Emergency Phone/ Contact Name _____

Employer _____ Business Phone _____

Social Security Number (last four digits) _____ (required if paying by check)

Spouse's Name _____ Spouse's Social Security (last 4 digits) _____

Spouse's Employer _____ Business Phone _____ Cell _____

E-mail _____

To be able to access Pet Portal through our website (www.pembrokevetclinic.com)

PATIENT INFORMATION

	PET #1	PET #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR/MARKINGS			
SEX (MALE/FEMALE)			
SPAYED/NEUTERED?			

Please list any serious illnesses or surgeries that your pet has had. _____

Please list any allergies to vaccines or medications. _____

Is your pet on any special diets or medications? _____

Please list any person(s) permitted to authorize treatment for or bring your pet to Pembroke Veterinary Clinic: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED; WE ACCEPT LOCAL PERSONAL CHECKS, MASTERCARD, VISA, CASH.

How were you referred to us? _____

Owner(s) Signature _____

Date _____