

Printed Name of Person Signing Form

Martin Animal Clinic

Scott G Martin, DVM, MS

1516 SW Mapp Rd, Palm City, FL 34990 Office: (772) 266-8321 Fax: (772) 266-8382

Client/ Patient Information Form

Email Address: Mailing Address: Zip: State: Zip:	Owner Information (Please Print)			<u></u>						
Mailing Address: City: State: Zip: Home Phone: Work Phone: Place of Employment: How Long: Drivers License #: State Issued: Receptionist made Copy of Drivers License and attached to record Yes No Pet Information Animal Name: Species: Breed: Sex: Neutered: Spayed: Color: Birthday: Color: Birthday: City: State: Zip: City: State: Zip: You were referred by a veterinarian or client please fill out the referral information below: Plone: City: State: Zip: You will be advised of an estimated cost and anticipated procedures. Please feel free to discuss the proposed treatment and its cost with the veterinarian. A minimum deposit of 50% is required for all patients that are being hospitalized. STATEMENT OF OWNERSHIP AND CONSENT: I am the owner of the above described animal, or have authorization from its owner to consent to its treatment. I hereby authorize the diagnostic, therapeutic, anesthetic, and surgical procedures necessary! I have also been told of the possible complications and alternatives to listed procedures.	First Name:				Last Name:					
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