

Animal Health Clinic of Funkstown

26 East Baltimore Street PO Box 669 Funkstown MD 21734 Ph: 301-733-7579

INFORMATION UPDATE

Owner _____ SS# _____

Address _____

City, State, Zip _____

Spouse/Other _____ SS # _____

Home Phone _____ Email Address _____

Employer's Name & Address _____

City, state & zip _____

Work Phone _____

Spouse's Employer's Name & Address _____

City, state & zip _____

Work Phone _____

Emergency Contact _____

Phone # _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization.

Method of Payment

_____ Cash _____ Check _____ Care Credit _____ Visa/MC/Discover

Signature of Responsible Party

_____ Date: _____