



CLIENT PET INFORMATION SHEET

RANDALL POPKIN DVM 604 ELSA DR. SANTA ROSA CA 95407

BREEDER'S VETERINARY SERVICES

OWNER/CO-OWNER NAME _____
LAST NAME FIRST NAME MI SPOUSE'S FIRST NAME CO-OWNER IF APPLICABLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

PHONE NUMBERS: _____
HOME WORK CELL

E-MAIL: _____ DOG(S) MICROCHIP/TATTOO NUMBER: _____

DRIVER'S LICENSE #: _____ STATE: _____ SPOUSE'S DRIVER'S LICENSE #: _____ STATE: _____

DATE OF BIRTH: _____ SPOUSE'S DATE OF BIRTH: _____

EMPLOYER: _____ SPOUSE'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____ SPOUSE'S EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

ANIMAL'S REGISTERED NAME: _____ ANIMAL'S REGISTRATION #: _____

SIRE'S REGISTERED NAME: _____ SIRE'S REGISTRATION #: _____

DAM'S REGISTERED NAME: _____ DAM'S REGISTRATION #: _____

ANIMAL'S CALL NAME: _____ SPECIES: _____ BREED: _____ SEX: M F ALTERED

DATE OF BIRTH: _____ COLOR: _____ VACCINATION/BOOSTER SHOT DATE: _____ RABIES: _____

ANIMAL'S REGISTERED NAME: _____ ANIMAL'S REGISTRATION #: _____

SIRE'S REGISTERED NAME: _____ SIRE'S REGISTRATION #: _____

DAM'S REGISTERED NAME: _____ DAM'S REGISTRATION #: _____

ANIMAL'S CALL NAME: _____ SPECIES: _____ BREED: _____ SEX: M F ALTERED

DATE OF BIRTH: _____ COLOR: _____ VACCINATION/BOOSTER SHOT DATE: _____ RABIES: _____

ANIMAL'S REGISTERED NAME: _____ ANIMAL'S REGISTRATION #: _____

SIRE'S REGISTERED NAME: _____ SIRE'S REGISTRATION #: _____

DAM'S REGISTERED NAME: _____ DAM'S REGISTRATION #: _____

ANIMAL'S CALL NAME: _____ SPECIES: _____ BREED: _____ SEX: M F ALTERED

DATE OF BIRTH: _____ COLOR: _____ VACCINATION/BOOSTER SHOT DATE: _____ RABIES: _____

PLEASE SIGN THE FOLLOWING AUTHORIZATION FOR TREATMENT

I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the phone. I understand that professional fees are to be paid at the time services are rendered. For OFA certifications, please bring completed OFA applications signed by owner or authorized representative. These can be found at www.showdogmed.com or offa.org.

SIGNATURE OF OWNER, AGENT, OR GOOD SAMARITAN (CIRCLE ONE) _____ DATE _____ SIGNATURE OF SPOUSE _____ DATE _____

PLEASE CHECK YOUR METHOD OF PAYMENT: CASH CHECK VISA MASTER CARD