Client Information

Name: 
Address: 
Home Phone: 
Cell Phone: 
Email: 
How did you hear of us?: 

Patient Information

Pet's Name: 
Species: 
Breed: 
Sex:  Male □ Female □ Unknown □

Age:  

Color/Markings:  

Spayed □ Neutered □ N/A □

Authorization

I hereby authorize Long Island Bird and Exotics Veterinary Clinic (LIBEVC) to examine, prescribe for, and treat the above described pet(s). I assume full responsibility for all charges incurred in the care of this animal, whether the animal was brought to LIBEVC by me or a third party. I also understand that these charges will be paid for at the time of release and that a deposit may be required should further treatment be necessary.

Signature:  

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