

Client ID _____

Change of information for established accounts

Last Name _____ First _____

Spouse or Significant Other _____

Street Address _____

City _____ State _____ Zip Code: _____

Primary Contact Number _____

Secondary Contact Number _____

E-mail address _____

Employer _____ Contact Number _____

Spouse or Significant Other Employer _____

Spouse or Significant Other Contact: _____

Other persons authorized to have access to this account, Please list:

Name _____ Relationship _____

I, as the owner or agent of the animals described above, am over 18 years old and have authority to exercise rights over said pets. I hereby consent A Plus Animal Hospital to receive, prescribe to treat or perform necessary surgery and or medical care upon my animals. A Plus Animal Hospital is to use all reasonable precautions for the treatment and safe keeping of my animals. I assume all responsibility of home after care and medications for my animals upon discharge. After carefully reading and understanding the above statements, I willingly sign this agreement.

Print Name _____

Signature _____ Date _____