

BUSHNELL ANIMAL CLINIC
CLIENT INFORMATION

NAME: _____

ADDRESS _____

PHONE NUMBERS(HOME-CELL-WORK-OTHERS)

E MAIL _____

COPY OF DRIVER LICENSE FOR CHECK WRITING__

___I understand all products and services are due
at the time of transaction.

___I agree to the use of NON CHILDPROOF
containers for prescriptions.

___I consent to the release of medical records to
any agency inquiring for purposes of adopting any
pet or property rental agencies.

Signature_____Date_____