



PATIENT / CLIENT INFORMATION

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs and the needs of your pet better by taking a moment to complete both sides of this information sheet.

CLIENT INFORMATION

Date _____

Owner's Name _____ Spouse/Other _____

Social Security # _____ Drivers License # _____

Spouse/Other/Social Security # _____ Drivers License # _____

Address _____ City _____ Zip Code _____

Home telephone _____ Work phone _____ Spouse/Other/Work Phone _____

Employer's Name Address _____

Spouse/Other/Employer's Name Address _____

At what time _____ and at what phone number _____ is best to call about your pet? _____

In Case of EMERGENCY, please call _____ phone number _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Previous Client? Yellow Pages? Clinic Sign? Drive by Other _____

Personal referral by (name) _____

PAYMENT

We will gladly prepare a written ESTIMATE if you desire. Please ask our Doctor or receptionist. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** For your convenience, we take Personal Checks, Visa, MasterCard, ATM and Care Credit.

SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S) _____

Date _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature _____

