



Client and Patient Information Sheet

Thank you for giving us the opportunity to care for your pet. So that we may better serve you, please complete the following information.

OWNER: Mr., Mrs., Miss., Dr (Circle one) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE (Home) _____ (Work) _____ (Cell) _____

DRIVER'S LICENSE NO. _____ SS# _____

EMPLOYER _____

SPOUSE'S NAME _____ SPOUSE'S WORK PHONE _____

SPOUSE'S EMPLOYER _____

PET #1's NAME _____ PET #2's NAME _____ PET #3's NAME _____
 Breed _____ Breed _____ Breed _____
 Sex _____ Spayed/Neutered? _____ Sex _____ Spayed/Neutered? _____ Sex _____ Spayed/Neutered? _____
 Birthday (or estimated age) _____ Birthday (or estimated age) _____ Birthday (or estimated age) _____
 Color _____ Color _____ Color _____

Reason for visit _____
 Please mention any previous problems your pet has had (surgeries, illnesses, allergies, etc.) _____

_____ (continue on back if needed)

If your pet is found lost and we are unable to contact you, please provide a name and telephone number of an alternate emergency contact. Name: _____ Telephone: _____ - _____

How did you first hear about our hospital? (Please check one)
 Referral _____ Drove by (saw sign) _____ Mailing _____
 Yellow pages _____ Relocation Directory (new resident magazine) _____
 Other (Please describe) _____
 If referral, whom may we thank? _____

Please check ONE of the following:
 I want the BEST medical care for my pet; please recommend and perform everything that needs to be done.
 I want good care for my pet, but there is a limit to what I am able to have done; please give me an estimate before proceeding.
 I want you to perform *ONLY* the services I request.

To keep the cost of professional services at a minimum, all fees must be paid in full at the time of services. A deposit is required on all pets that must be hospitalized for laboratory tests or treatment. **No billing or credit is available through our office.** Please indicate your choice of payment:

Cash _____ Check _____ Credit Card (MasterCard or Visa) _____ Credit Card (Care Credit) _____