

Client Information Form

Primary Account Holder:

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Email: _____

Home phone: (____) _____ Cell phone: (____) _____

Preferred Method of Communication: Text Messaging *Phone Call*

Secondary Account Holder (This individual will have full authority to make decisions on treatments and can request pet's records) Relationship: _____

First name: _____ MI: _____ Last name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Email: _____

Home phone: (____) _____ Cell phone: (____) _____

Emergency Contact:

Name: _____ Cell: _____ Relationship _____

How did you hear about us? Newspaper _____ TV Hospital sign Social Media Radio

Personal referral Whom can we thank? _____ Other: _____

How much information do you want to be given about your pet's health?

I want a full explanation—anything and everything.

I want a brief explanation—just the important stuff.

I just want to know if there's anything I need to do—keep it simple.

Pet Information

Name: _____ **Age/Birthday:** _____ **Cat** **Dog** **Other** _____ **Breed** _____

Color _____ **Male** **Female** **Spayed or Neutered?** Yes No **Allergies?** Yes No

Name: _____ **Age/Birthday:** _____ **Cat** **Dog** **Other** _____ **Breed** _____

Color _____ **Male** **Female** **Spayed or Neutered?** Yes No **Allergies?** Yes No

Name: _____ **Age/Birthday:** _____ **Cat** **Dog** **Other** _____ **Breed** _____

Color _____ **Male** **Female** **Spayed or Neutered?** Yes No **Allergies?** Yes No

Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, American Express, cash, or check (with a valid driver's license). A deposit may be required for surgical procedures or hospitalization of your pet. Returned checks are subject to a \$35.00 fee. By signing this document, you agree that you are responsible for payment of all services rendered and that if payment becomes past due, it is subject to an interest rate of 18%.

Signature _____

Date _____