



### CLIENT/PATIENT INFORMATION

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

#### CLIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Pager \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Wk Ph. \_\_\_\_\_ Fax \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Wk Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Ph. \_\_\_\_\_ (friend or relative in case you are out of town)  
Who referred you: Yellow Pages Internet Web Site Friend: \_\_\_\_\_  
Do you have records at either one of our other locations?

### **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Please indicate choice of payment:(Circle) Cash Check Credit Card

For check writing privileges please provide you DL # \_\_\_\_\_

#### PATIENT INFORMATION

Pet's Name \_\_\_\_\_ Species (please circle) > Canine Feline  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex (please circle) Male Female Neutered Spayed  
Any previous serious illnesses or surgeries? \_\_\_\_\_  
Any allergies to vaccinations or medications? \_\_\_\_\_  
Is your pet on any special diets or medications? \_\_\_\_\_

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Professional fees are due at the time services are rendered.

In the event an account is turned over for collection, the owner or person responsible for the account agrees to pay an attorney's fee, court costs and any other costs of collection.

Signature \_\_\_\_\_

Date \_\_\_\_\_