



CLIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for the pets you love! Please help us meet your needs better by taking a moment to complete the following.

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State/Zip _____

County _____ Date of Birth _____ S.S.# or Driver's License # _____

Employer's Name & Address _____

Spouse/Other's Employer & Address _____

Phone Numbers:	Owner	Spouse/Other
Home		
Work		
Cell		
Other		

In case of EMERGENCY please call _____ at phone number _____

We are collecting email addresses for our own future use to include vaccination reminders, special hospital events or product announcements. We respect your privacy.

My e-mail address: _____ @ _____

How did you hear of us?

Yellow pages Sign/location Referral Internet Newspaper Other _____

If referred to us by a client, who can we thank? _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

I UNDERSTAND THAT FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED.

Please indicate the method of payment you will use today.

Cash Check Mastercard Visa Discover American Express Wells Fargo

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE UP TO DATE ON ALL VACCINES & FREE OF INTERNAL AND EXTERNAL PARASITES.

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

**I am aware that my pet will be walked in the yard on a double slip leash while it is in the care of the hospital. Some pets are able to escape even with this safer mode of control. If my pet is not reliable on a leash, I shall make personnel aware of it in writing on this form*

Signature: _____ Date: _____

Comments: _____

For office use: Chart #: _____ Initials: _____ 9/07

