



Welcome!

Client Information Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Drivers License# \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please list you preferred method of contact for reminders; Email, mail, cell# \_\_\_\_\_

How did you become aware of our clinic? \_\_\_\_\_

Personal Recommendation, whom may we thank? \_\_\_\_\_

	Pet #1	Pet #2	Pet #3
<b>Name</b>			
<b>Species</b>			
<b>Breed</b>			
<b>Date of Birth</b>			
<b>Color</b>			
<b>Sex; neutered or spayed?</b>			

Has your pet(s) received vaccines from another clinic? \_\_\_\_\_ If so, where? \_\_\_\_\_

Our pet(s) is:  A member of our family  Child's pet  Backyard Pet

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diets or medication? \_\_\_\_\_

I authorize the veterinarian to examine and treat my pet(s). I assume financial responsibility for all services rendered in the care of my pet(s). I understand that payment is due at the time of service. In the event that my account is turned over to an outside collection agency, I understand that I will be responsible for all collection and legal fees incurred as a result of my delinquency.

Signature \_\_\_\_\_ Date \_\_\_\_\_