



Client Information Form

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Children & Visitor Names: _____

Primary Phone: _____ (Home Or Cell) Other Phone: _____ (Home Or Cell)

E-Mail: _____

Employer: _____ Work Phone: _____

Spouse/Other Employer: _____ Work Phone: _____

Alternate Emergency Number: _____ Number To Text: _____

____ I give my permission to use my pet's picture in future publications (i.e. newsletters, facebook or website).
Initial

We will gladly prepare a written estimate if you desire (please ask our doctor or customer service rep.). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. For your convenience, we accept MasterCard, Visa, Discover, American Express, debit cards or Care Credit. There will be a \$40.00 service charge for any check returned unpaid.

Signature of responsible agent for pet(s): _____ Date: _____

If this is your first time, how/why did you select us? _____

Have your pet(s) traveled out of the area? If so, where? _____

Current Pet Information

Pet's Name	Dog, Cat, Other	Date of Birth	Sex	Spayed/Neutered	Breed/Color