

Patient and Client Information Sheet

Thank you for giving us the chance to care for your pet. So that we may update our records, please take the time to fill in this form completely. **(must be signed by owner > 18 yrs of age)**

Social Security Number: _____ Date of Birth: _____

Owner's Last Name: _____ First Name: _____

Spouse Last Name: _____ First Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Drivers License # _____ ST _____

Email address _____ *Please send me the FREE newsletter: Yes ___ No ___

Cell phone _____

Your Employer: _____ Work Phone: _____

Spouses Employer: _____ Work Phone: _____

If necessary, can we call you at Work? Yes _____ No _____

HOW DID YOU FIND OUT ABOUT US?__ Individual. Whom may we thank for referring you? _____

__Internet __Hospital Sign __Phone Book __Previous Client

PET INFORMATION

Pet's Name _____ Dog / Cat / other _____ Male / Female

Breed _____ Color _____ Date/Place of Last Vaccines _____

Age/DOB _____ Spayed or Neutered: Yes ___ No ___

What prior illness or surgery should we know about? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume complete responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required. If a balance is carried forward and not paid within 60 days from the time of service, my account will be turned over for collections and I will pay all court cost and fees.
Preferred method of payment: Cash ___ Check ___ Visa/Master Card ___

(x)Signature of Owner _____ **Date** _____