

### Patient and Client Information Sheet

Thank you for giving Hoke Animal Clinic the chance to care for your pet. So that we may become better acquainted, please take the time to fill in this form completely. **(Owner must be 18 years or older to complete form)**

**\*\*PLEASE NOTE: If Social Security number is EXCLUDED, an estimate of charges will be provided in advance and payment by credit card or cash will be required at the time of service.**

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Spouse Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

If necessary, can we call you at work? \_\_\_\_\_

How did you hear about us? **Circle One:** Google Website Hospital Sign Previous Client

\*If an individual referred you, who may we thank for the referral? \_\_\_\_\_

#### Pet Information

Pet's Name: \_\_\_\_\_ Heartworm Medication: \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Date of Last Vaccines: \_\_\_\_\_

Breed \_\_\_\_\_ Place of Last Vaccines: \_\_\_\_\_

DOB Age \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

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 services, my account will be turned over for collections and I will pay all court cost and fees.

Preferred method of payment (**Circle one**): Cash Check Credit Card

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

