



## Client Information Sheet

Date \_\_\_\_\_

### Pet Parents:

Primary: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Secondary: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (PO Box, Apt#)

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

### Contact Phone Numbers:

Primary # \_\_\_\_\_ ( ) Cell ( ) Home Name: \_\_\_\_\_

Secondary # \_\_\_\_\_ ( ) Cell ( ) Home Name: \_\_\_\_\_

Email: \_\_\_\_\_ (To receive reminders, specials and communications)

Employer Primary: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drivers License Primary: \_\_\_\_\_ State: \_\_\_\_\_

Employer Secondary: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drivers License Secondary: \_\_\_\_\_ State: \_\_\_\_\_

**Individual(s) (over 18) authorized to access medical records and make health care & financial decisions for my pet(s) on my behalf:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Payment Policy

- ❖ Payment is due when services are rendered.
- ❖ Deposits must cover services provided or the low end of the estimate.
- ❖ We accept: Cash, Visa, Master Card, American Express, Discover, Care Credit & Scratch Pay.

❖ I have read and agree to the payment policy as outlined above (must be 18 yrs of age or older):

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

### Pet Information:

Name: \_\_\_\_\_ Birth Date (Age): \_\_\_\_\_ Sex: Male Female (circle one)

Dog \_\_\_ Cat \_\_\_ Other \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Vaccine History: (please list) \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Reception Use: Client # \_\_\_\_\_ Picture: \_\_\_\_\_ Entered By: \_\_\_\_\_ Scanned By: \_\_\_\_\_