



Client Information Form



Mrs. ____ Mr. ____ Ms. ____ Dr. ____ Date: _____

First Name: _____ M.I. ____ Last Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Other Responsible Party: _____

Driver's License #: _____ Social Security #: _____

Are you interested in online access of your pet's records? Yes: ____ No: ____

How did you hear about us? _____

Preferred reminder communication method (check all that apply) Email: ____ Postcard: ____ Text: ____

Pet Information

Name: _____ Age/Birthday: _____

Species (cat/dog/etc.): _____ Breed: _____

Color: _____ Male: ____ Female: ____ Spayed: ____ Neutered: ____

Does your pet have allergies? _____

Has your pet had a reaction to vaccines or medications? If yes, What? _____

List any major surgeries your pet has had: _____

List any behavioral problems we need to be aware of: _____

List any foods and treats you give your pet: _____

Previous Veterinarian: _____

Do you travel outside of our area with your pet? If so, where? _____

Method of Payment

Payment is required at the time of service. For your convenience, we accept MasterCard, Visa, American Express, Cash, or Check (with valid driver's license)

Please check one:

____ Cash

____ Debit/Credit

____ Check (In the event your check is returned for insufficient funds, you will be charged a \$35.00 fee)

You will be asked to sign an estimate of cost confirming authorization of treatment after the doctor's exam. The details of treatment, the risks of treatment, and/or the risk if not treating will be explained to you