

Client Information Sheet

Name: _____

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Please star (*) the primary contact number.

Employer: _____

Spouse Name: _____ Phone: _____

Spouse Employer: _____

Email Address: _____

Would you like reminders sent to your email? Yes No

List any person(s) who you give permission to discuss information regarding your pet(s):

List names and species (feline/canine) that you own:

List any major health conditions, alerts (i.e. aggressive, allergies, seizures), and special prescription diets your animals may be on.

Who do you have with you today?

Name: _____ DOB/Age: _____ Breed: _____ Sex: _____

Complaint: _____

How did you hear about us? _____

Which Doctor, if any, do you prefer your animals to see? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume all responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or medical treatment.

Signature _____

Date _____