



## Client Information Form

Thank you for giving us the opportunity to care for your pet! Please help us meet you and your pet's needs by taking a moment to complete both sides of this information sheet.

Today's Date \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse or other: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Spouse or other Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse or other Employer: \_\_\_\_\_

In Case of an emergency, please provide an alternate contact (friend or family member) in case we cannot contact you.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

We will gladly prepare a written estimate at your request. Please ask the receptionist or doctor.

**Payment for professional services are due at time of service.**

How did you hear about our hospital?

Individual Referral: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> AAHA Referral       | <input type="checkbox"/> Animal Welfare              | <input type="checkbox"/> Drive by/ Sign |
| <input type="checkbox"/> Google              | <input type="checkbox"/> Yellow Pages                | <input type="checkbox"/> Yelp           |
| <input type="checkbox"/> Yellow Pages Online | <input type="checkbox"/> Local Rescue                | <input type="checkbox"/> Bing           |
| <input type="checkbox"/> Angie's List        | <input type="checkbox"/> Other: Please Specify _____ | <input type="checkbox"/> Social Media   |

**Please continue to back** ----->

To Prevent the spread of infectious diseases and parasites, **hospitalized and boarded animals** must be current on vaccinations and free of internal/external parasites.

I authorize the doctor to administer vaccines/parasite control as needed for my pet  
**if hospitalized or boarding.**

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Animal Medical History**  
**Please fill out as much as possible**

	Pet # 1	Pet #2	Pet #3
Name			
Species			
Breed			
Color			
Age			
Sex			
Spayed/Neutered			