

# CLIENT / PATIENT INFORMATION



## Primary Owner Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

May we contact you via text?  Yes  No Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ What is Your Primary Phone?  Cell  Home

E-Mail Address: \_\_\_\_\_ May we contact you via e-mail?  Yes  No

**HOW DID YOU HEAR ABOUT US?:** Website Facebook Google Yelp Drove by/Sign

Advertisement- Which one? \_\_\_\_\_ Referred by Doctor- Who? \_\_\_\_\_

Friend/Family (*will receive gift*) Who? \_\_\_\_\_

## Patient Information

Pet's Name: \_\_\_\_\_ Canine / Feline Male / Female Spayed / Neutered

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Has your pet been vaccinated within the last year?  Yes  No Which vaccines? \_\_\_\_\_

Who is your previous Veterinarian? \_\_\_\_\_ May we contact them for records?  Yes  No

Current medications? \_\_\_\_\_ Allergies/injuries/illnesses? \_\_\_\_\_

May we post pictures of your pet on Social Media?  Yes  No *Thank You!!*

*By signing this form, I state that I am over the age of 18; that I am the owner of this pet or acting as an agent for the owner; that I assume full financial responsibility for goods/services rendered.*

*For your convenience, we accept Cash, Visa, MasterCard, Discover, American Express and Care Credit.*

*We do NOT accept checks for payment.*

**~ FULL PAYMENT IS DUE AT TIME OF SERVICE ~**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_