



PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete BOTH sides of this information sheet.

Date: _____ Client # (Office use): _____

Owner's Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell: _____ Work: _____

Do you prefer text or email reminders or both? _____

What is the best time to call? _____ Best number to reach you at? _____

In case of an **EMERGENCY**, who should we contact if we are unable to get a hold of you?

Name: _____ Relationship: _____ Phone: _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or the doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

How did you hear about our hospital? _____

Do you consider your pet(s) part of the family () just a pet ()

May we use your pet's pictures on our Facebook page? _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals MUST be CURRENT on ALL vaccines and FREE of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control as needed for my pet(s).

Signature: _____ Date: _____

PET INFORMATION

Name	
Species	Canine () Feline ()
Breed	
Color	
Age	
Date of Birth	
Sex	Male () Female ()
Spayed or Neutered	
Length of Time Owned	
Pet Origin	() Humane Society () Pet Shop () Breeder () Stray () Advertisement () Friends

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