



# Client Information Form

Thank you for entrusting us with your pet's care. Please take a minute to complete the following information so that we may better serve you.

## Information About You

Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse/Alternate Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Information About Your Pet

Dog  Cat |  Male  Female |  Neutered  Spayed

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Rabies Vaccine Date: \_\_\_\_\_ DHLPP Vaccination Date: \_\_\_\_\_

Bordetella Vaccination Date: \_\_\_\_\_

## Payment Policy

It is our policy that all fees are to be paid at the time services are rendered. For your convenience, we accept cash, check, American Express, Mastercard, Visa, Discover, and Care Credit. By signing below, I agree to pay the full amount at the time of my pet's discharge. I fully understand that if I do not pay this account as agreed, any past due amounts are subject to costs of collection, including attorney fees.

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_