



Client and Patient Information

Owner _____ E-mail _____

Last name

First name

Mobile Phone # _____ Alternative Phone # _____

Street Address _____

City/State/Zip code

Mailing Address _____

City/State/Zip code

Occupation _____ Employer _____

Spouse/Other Authorized Caretaker

**Please note, information can only be released to authorized caretakers*

Owner _____ E-mail _____

Last name

First name

Mobile Phone # _____ Alternative Phone # _____

Occupation _____ Employer _____

Patient's Name _____ Dog / Cat (circle one)

Breed _____ Color _____ Birthdate (if known) _____ Age _____

Male / Female (circle one) Spayed/Neutered? Yes / No

Microchipped? Yes / No Microchip Number _____

How did you hear about us? _____

Do you give us permission to take pictures of your pet? Yes / No

*if yes, can we use them on our social media sites? Yes / No

Payment is due at the time of service. A deposit will be required for patients that are admitted to the clinic for diagnostic tests or treatment. You may pay by cash, VISA, Discover or MasterCard, CareCredit, or debit card.

We do not take payment by checks. In order to avoid misunderstanding about fees or payment, if you have any questions, discuss any concerns with a staff member before services are performed.

I am the owner, or authorized agent of the owner(s), and authorized to unilaterally make any and all treatment and financial decisions on behalf of the pet and any owner(s)

Signature _____

Date _____

Printed Name _____