

# 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'S INFORMATION

Owner's Name: _____		Spouse/Other: _____	
Children (first names & ages): _____			
Address: _____		City: _____	State: _____ Zip: _____
Home Telephone: _____		Work: _____	Cell: _____
Email: _____			
Employer's Name & Address: _____			
Spouse's/Other's Employer & Address: _____			
At what time _____ and at what phone number _____ is it best to call about your pet?			
In case of EMERGENCY, please call _____ at telephone number _____			
We consider our pet(s) <input type="checkbox"/> Part of the family <input type="checkbox"/> As pets			

## FEE & PAYMENT INFORMATION

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.  
**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept cash, checks, debit cards, Mastercard, Visa, American Express and Discover.

**WE NEED TO GET A COPY OF YOUR DRIVER LICENSE FOR OUR RECORDS.**

Driver license: Full Name: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## REFERRAL INFORMATION

How did you first hear of our hospital?

Individual; someone we may thank? \_\_\_\_\_

Internet

Hospital sign (drive by)

Other \_\_\_\_\_

\_\_\_\_\_

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.

Signature: \_\_\_\_\_