



CLIENT INFORMATION SHEET

CLIENT INFORMATION

Please print clearly and make sure that the information given is specific to the client name listed here. Thank you.

Primary Contact: First name _____ Last name _____

Secondary Contact: First name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ am/pm Work phone _____ am/pm

Cell phone _____ SS# _____ Employer _____

Drivers License # _____ State _____ Date of Birth _____

Email address _____

Have you been to our facility before? Yes No

PET INFORMATION

Name _____ Species: Dog Cat Other _____

Breed _____ Color _____ Age _____ Yrs Mos Wks

Sex: Female Male Spayed or neutered? Yes No Date of birth if known _____

Has this pet been seen at our facility before? Yes No

PRIMARY CARE VETERINARIAN

Doctor _____ Hospital _____

PAYMENT INFORMATION

The initial examination/consultation fee is \$89 (\$109 from midnight to 8:00 am and on Holidays). Additional fees may apply for emergency consults with board certified specialists. Please note; fees for diagnostic procedures and treatment are not included in the exam/consult fee. Your doctor will discuss diagnostic and treatment options during your initial consult.

★ **Note: All medical fees must be paid in full at the time of service** ★

We accept the following forms of payment. Please indicate how you will pay for services today:

Cash Check (valid driver's license required) Credit/Debit Card (Mastercard / Visa / Discover)

Notice to Client:

Your signature verifies that you are the owner or authorized agent for the owner of the pet listed above, that you are at least 18 years of age, and that you are the individual responsible for payment of all medical fees.

Client's Signature X _____ Date _____

Office Use: Form given to client: Staff _____ Time _____ Date _____

Entered in computer: Staff _____ Time _____