

CLIENT INFORMATION SHEET

Date _____

The following information is used in order to give your pet the best possible care.

OWNER INFORMATION

OWNER NAME _____ PHONE _____
Last First Owner's Home

ADDRESS _____ PHONE _____
Street Owner's Work

_____ PHONE _____
City State Zip Code Cell or Alternate

CO-OWNER _____ PHONE _____
Last (Additional Responsible Party) First Co-Owner's Contact #

EMAIL ADDRESS _____

PET INFORMATION

PET'S NAME _____ DOG CAT

SEX: MALE FEMALE NEUTER or SPAY Is your pet on any medications at this time? No Yes

BREED _____ COLOR _____ Medication(s) _____

BIRTHDATE (OR AGE) _____

What clinic has given your pet vaccinations and other routine care? _____
Clinic Name & City

I understand that payment is due on the day that services are provided.

If you are unable to make payment at the time of service we may choose to hold your pet until we receive payment in full or other arrangements are agreed upon. We also reserve the right to bill you a boarding fee for holding your pet and add an annual percentage rate of 18% to the outstanding balance owed. If payment is not received within 90 days of the service date your out standing balance will be sent for collection and a collection service charge of 30% of the balance will added.

Signature _____ Date _____

How did you hear about our clinic?

Yellow Pages Website Newspaper Other _____

Client Referral Client's Name _____