

CLIENT INFORMATION FORM

Today's date: ____/____/____

Mrs. ____ Mr. ____ Ms. ____ Dr. ____

First name: _____ MI: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____ Email: _____

How did you hear about us?

Yellow Pages ____ Newspaper ____ Television ____ Hospital sign ____ Radio ____

Personal recommendation ____ (Whom can we thank? _____)

Other: _____

Method of payment today

Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, American Express, cash, or check (with a valid driver's license).

Please check one: Cash Check Debit/Credit

How much information do you want to be given about your pet's health?

- I want a full explanation—anything and everything.
- I want a brief explanation—just the important stuff.
- I just want to know if there's anything I need to do—keep it simple.

Consent

You will be asked to sign a health plan confirming authorization of treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.

Pet information

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male Female

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any major surgeries your pet has had: _____

List any behavior problems we need to be aware of: _____

List any foods and treats you give your pet: _____