



CLIENT INFORMATION SHEET

Owner's Name: _____

Spouse/Co-Owner: _____

Address: _____

City

State

Zip Code

Preferred Phone: _____

Cell

Home

Work

Other

Secondary Phone: _____

Cell

Home

Work

Other

Owner's Employer: _____

E-Mail: _____

We will NEVER sell or distribute your e-mail address

How did you hear about our clinic? Please check all that apply.

Referred by a Friend : _____

Online Search (Google, Bing, etc.)

Read an Online Review

Visited our Website / Facebook Page

Noticed our Sign

Pets Plus

Other: _____

I do / do not authorize the release of veterinary records as needed for additional services/care.

Pet's Name: _____

Dog

Cat

Other

DOB: _____

Breed: _____

Color: _____

Male

Female

Neutered/Spayed

Microchip#: _____

Pet's Name: _____

Dog

Cat

Other

DOB: _____

Breed: _____

Color: _____

Male

Female

Neutered/Spayed

Microchip #: _____

Payment is due at the time of services rendered. This office accepts cash, check with valid ID, Discover, Mastercard, and Visa. This office does not extend credit. For those who desire financing options, Care Credit is available. In the event of non-payment, the client will reimburse any fees charged by a collection agency, and all costs and expenses incurred by such collection efforts.

Signature indicates agreement to above terms. _____

Date _____