

CLIENT INFORMATION
"Our goal is to make your pet happy!"

Name: (Mr./Mrs./Ms./Dr./Ph.D./J.D.)
Mailing Address: _____
City/Zip: _____ Drivers License#: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax Number: _____
E-Mail Address: _____
Occupation: _____ Employer: _____

Spouses Name: (Mr./Mrs./Ms./Dr./Ph.D./J.D.)
Occupation: _____ Employer: _____
Work Phone: _____ Cell Number: _____
E-Mail Address: _____

Please Read and Sign:

I authorize this practice to provide patient care and I assume responsibility for all charges incurred in this account. I also understand that patient charges will be due at the time of release unless prior payment arrangements have been made. I also understand that a deposit may be required for certain procedures, hospitalization and/or payment.

Owner or Responsible Party _____ **Date** _____

We will always prepare a written and thorough estimate of charges. You will not be charged for a procedure unless approved by you either in writing or by phone.

Pet's Name: _____	Pet's Name: _____
Species Dog/Cat Other	Species Dog/Cat Other
Breed: _____	Breed: _____
Color: _____	Color: _____
Birthday/Age: _____	Birthday/Age: _____
Sex: Male/Female Neuter/Spay	Sex: Male/Female Neuter/Spay
Microchip#: _____	Microchip #: _____
Allergies: _____	Allergies: _____

How did you hear about us?

- () Hospital Sign () Yellow Pages () Humane Society
() Pet Store () Internet _____
() Friend's Recommendation Who may we thank for the referral: _____
() Staff Member's Recommendation name: _____

What did you like **best** about your previous veterinarian/or pet hospital?

What did you like **least** about your previous veterinarian/or pet hospital?

What is **most important** to you in choosing a doctor for your pets?