

Client Information Sheet

Please Print

Owner's Name _____

Spouse/Other _____

*Driver's License # /State _____ *Date of Birth _____ *SSN: _____

(*This information is necessary for check writing and Prescription Medications.)

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Years at Current Address: _____ ☐ Own ☐ Rent ☐ Lease ☐ Other _____

Home Phone _____ Work Phone _____

Employer _____ Address _____

Cell Phone _____ E-Mail _____

In case of emergency AND you cannot be reached, call _____ at phone # _____

How did you become aware of our clinic? (Please, circle one)

Hospital Sign Bellsouth Yellow Pages The Yellow Book Best Talk Internet
Other, please specify _____ Friend / Individual (someone we can thank) _____

Pet's Information

Pet's Name _____ Species _____ Breed _____

Color _____ Age/DOB _____ Male ☐ Female ☐ Spay/Neutered Yes ☐ No ☐

Other Pets

Name _____ Breed _____ Color _____ Age _____ M/F/Altered _____

Name _____ Breed _____ Color _____ Age _____ M/F/Altered _____

Name of previous/current veterinarian _____

Is your pet on any medication? If yes, please, indicate _____

Does your pet have any known drug allergies? If yes, please indicate _____

***** ALL FEES ARE DUE AND PAYABLE AT THE TIME OF SERVICES *****

Method of payment: ☐ Cash ☐ Check ☐ Credit Card

I understand every effort will be made to achieve a successful outcome and to provide all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon my pets. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the services is otherwise terminated. I agree to pay for the cost of collection up to 40% of balance owed, attorney fees, and court cost in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinary in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____