

Welcome to Our Clinic

Date _____

1. Name of person who is the MAIN OWNER OF THE PET(S) and will be financially responsible for all fees: (See below for spouse information)

Given first name Nickname M.I. Last name

Address: _____ City: _____ Zip: _____

Your Phone Land Line _____ - _____ - _____ Work _____ - _____ - _____ Ext. _____
Numbers:

Cell Phone _____ - _____ - _____ Do you text? Yes No Get pictures? Yes No

Email: _____

(Email address is for the purpose of sending reminders, estimates, or clinic sponsored info; it will not be sold.)

Place of Employment: _____ City: _____

Is the owner a Senior Citizen (62 yrs. or older)? yes no

2. Name of: spouse significant other friend parent other _____ (please check one)

Given first name Nickname M.I. Last name

Cell Phone _____ - _____ - _____ Do you text? Yes No Get pictures? Yes No

Work _____ - _____ - _____ Ext. _____ Email: _____

Place of Employment: _____ City: _____

3. Please list the name & relationship of any other persons that you may have bring your pets to the clinic:

4. How did you hear about our clinic? (check all that apply)

referred by friend/neighbor internet/website other _____
name: _____ yellow pages: (what book?) _____

5. Our services are rendered on a cash basis. Payment is due when services are rendered. We accept Cash, Check, MasterCard, Visa, Discover, and Care Credit.

Rev. 07/15

(Office Use)

Client Info: ____/____, ____/____, ____/____, ____/____ Pet Info: ____/____, ____/____, ____/____

Addendum Sheet Grooming Boarding Dog Park Chiropractic Care