

# Client Information Record

Acct. #

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Active Military Y / N

Address \_\_\_\_\_  
\_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Cell/Other \_\_\_\_\_

Alternate Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address (to receive reminders via email & access to pet portal) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Referred by:  Friend \_\_\_\_\_  Greeting Service  Other \_\_\_\_\_

## Pet Information

Patient/Pet Name \_\_\_\_\_

Species      Canine/Dog      Feline/Cat      Other \_\_\_\_\_

Sex \_\_\_\_\_ Neutered      Spayed      (Circle One) or      NO

Breed \_\_\_\_\_

Color \_\_\_\_\_

Weight \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Vaccination History \_\_\_\_\_ Previous Veterinarian \_\_\_\_\_

Medical History \_\_\_\_\_

Is pet on any medication \_\_\_\_\_

**Payment is due at time of service. Placing your signature on this form agrees to responsibility of any unpaid balances on your account. Returned checks are subject to a \$30.00 return check fee.** Unpaid account balances are subject to be turned over for collection.

\_\_\_\_\_  
Owner/Responsible Party's Signature      Date