



Client and Patient Information Sheet

Owner Information

Owner's Name(s) as you would like it to appear on your account: _____

Secondary Owner: _____ (Spouse Significant Other Relative Friend Other

Address: _____

City: _____ State _____ Zip Code _____

Home Number: _____ Cell Phone Number: _____ Work Number: _____

Spouse Phone Number: _____ Email Address: _____

Driver's License Number: _____ State issued: _____

Emergency Contact: _____ at telephone number: _____

****Any fees accrued are due at time of service. Payment plans are not accepted. Please ask about Care Credit if needed****

Signature: _____ Date: _____

How did you hear about us?

Friend/Family/Word of mouth Last and First Name of Referral _____

Rescue House Sign Website Internet (website) _____ Other _____

Your friend gets a \$10 bonus credit for referring you. You will also receive a \$10 bonus if you refer someone too!

Pet Information

Pet #1 Name: _____ Species: Dog Cat Other _____

Dog-Breed: _____ or Cat- Breed _____ Long Hair Short Hair

Color: _____ Date of Birth: _____ or Approx Age: _____

Sex: Male Female Is your pet spayed or neutered? Yes No Length of time owned _____ Yrs Mos Days

% of time spent outside _____ Any Allergies or important medical history that should be known?



Pet Information

Pet #2 Name: _____ Species: Dog Cat Other _____
Dog-Breed: _____ or Cat- Breed _____ Long Hair Short Hair
Color: _____ Date of Birth: _____ or Approx Age: _____
Sex: Male Female Is your pet spayed or neutered? Yes No Length of time owned _____ Yrs Mos Days
% of time spent outside _____ Any Allergies or important medical history that should be known?

Pet Information

Pet #3 Name: _____ Species: Dog Cat Other _____
Dog-Breed: _____ or Cat- Breed _____ Long Hair Short Hair
Color: _____ Date of Birth: _____ or Approx Age: _____
Sex: Male Female Is your pet spayed or neutered? Yes No Length of time owned _____ Yrs Mos Days
% of time spent outside _____ Any Allergies or important medical history that should be known?

Pet Information

Pet #4 Name: _____ Species: Dog Cat Other _____
Dog-Breed: _____ or Cat- Breed _____ Long Hair Short Hair
Color: _____ Date of Birth: _____ or Approx Age: _____
Sex: Male Female Is your pet spayed or neutered? Yes No Length of time owned _____ Yrs Mos Days
% of time spent outside _____ Any Allergies or important medical history that should be known?

