

## Client Information

**PLEASE PRINT LEGIBLY**

Mr.  Mrs.  Ms.

Owner's Name: \_\_\_\_\_

Significant Other's Name: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Condo # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Send reminders/updates regarding my pet via: Phone  Mail  E-mail

Email you lab results? Yes  No  Your Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Please select which of the following helped you find our hospital: Google  Yelp  Hospital Sign

Personal Referral, by \_\_\_\_\_ Other : \_\_\_\_\_

Name of Pet \_\_\_\_\_ Species: Canine  Feline

Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex: Male  Female  Neutered/Spayed? Yes  No

Name of Animal Hospital or Shelter to call and get records: \_\_\_\_\_

Is your pet microchipped: Yes  No

I hereby authorize the veterinarian(s) to examine, prescribe for, or treat my pet(s). I thereby assume all financial responsibility for any and all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time services are rendered and that a deposit may be required prior to treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Opt out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

1) Name of Pet \_\_\_\_\_ Species: Canine  Feline   
Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex: Male  Female  Neutered/Spayed? Yes  No   
Is your pet current on vaccine? (Please list dates and types) \_\_\_\_\_  
\_\_\_\_\_

2) Name of Pet \_\_\_\_\_ Species: Canine  Feline   
Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex: Male  Female  Neutered/Spayed? Yes  No   
Is your pet current on vaccine? (Please list dates and types) \_\_\_\_\_  
\_\_\_\_\_

3) Name of Pet \_\_\_\_\_ Species: Canine  Feline   
Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex: Male  Female  Neutered/Spayed? Yes  No   
Is your pet current on vaccine? (Please list dates and types) \_\_\_\_\_  
\_\_\_\_\_

4) Name of Pet \_\_\_\_\_ Species: Canine  Feline   
Breed \_\_\_\_\_ Color \_\_\_\_\_

DOB/Age \_\_\_\_\_ Sex: Male  Female  Neutered/Spayed? Yes  No   
Is your pet current on vaccine? (Please list dates and types) \_\_\_\_\_  
\_\_\_\_\_