

Client Information Form

Thank you for entrusting us with your pet's care. Please take a minute to complete the following information so that we may better serve you.

Information About You

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Spouse/Alternate Contact First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Email: _____

Employer: _____

Veterinarian: _____

Emergency Contact: _____

Information About Your Pet

Dog Cat | Male Female | Neutered Spayed

Name: _____ Nickname: _____

Breed: _____ Age: _____ Color: _____

Rabies Vaccine Date: _____

Payment Policy

It is our policy that all fees are to be paid at the time services are rendered. For your convenience, we accept cash, check, American Express, Mastercard, Visa, Discover, and Care Credit. By signing below, I agree to pay the full amount at the time of my pet's discharge. I fully understand that if I do not pay this account as agreed, any past due amounts are subject to costs of collection, including attorney fees.

Signature of Owner or Agent: _____ Date: _____