



CLIENT INFORMATION FORM

Owner's Name, Last	Owner's Name, First	Spouse/Partner Name, Last	Spouse/Partner Name, First
Home Phone	Business Phone	Cell Phone	E-Mail
Address		City, State, Zip	
SS#	Employer/Business	Address	
Patient's Name	Species: Dog ___ Cat ___ Other ___	Sex: Male ___ Altered Male ___ Female ___ Spayed Female ___	
Breed:	Color	Birthdate	
Date of Last Vaccinations: Rabies _____ Feline/K9 Distemper _____ Bordetella _____ Lyme _____ Lepto _____ FeLV _____			
Previous Major Health Problems		Known Drug or Vaccine Reaction	
Please check any symptom or problems that you have noticed about your pet			
<input type="checkbox"/> Behavior Problems <input type="checkbox"/> Bleeding Gums <input type="checkbox"/> Breathing Problems <input type="checkbox"/> Coughing <input type="checkbox"/> Diarrhea <input type="checkbox"/> Eye Discharge <input type="checkbox"/> Gagging <input type="checkbox"/> Limping <input type="checkbox"/> Scooting <input type="checkbox"/> Lack of Appetite <input type="checkbox"/> Loss of Balance <input type="checkbox"/> Scratching <input type="checkbox"/> Shaking Head <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Increase in Thirst/ Urination <input type="checkbox"/> Other (Please State)			
Is your dog on Heartworm Preventative? Yes ___ No ___ Date of Last Heartworm Test _____			
How will you pay for today's visit? CASH _____ CHECK* _____ CREDIT CARD _____ <small>* Need a valid Driver license</small>			
Please tell us how you found out about us: <input type="checkbox"/> Website <input type="checkbox"/> Online Directory (which site _____) <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Search Engine <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Other			

The above information is accurate and true to the best of my knowledge and I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.

I assume responsibility for all charges incurred in the care of this animal, and that these charges will be paid at the time of release. I understand that a credit card number with expiration date and a deposit will be required for surgical treatment or major procedures. In the event of payment default I will pay reasonable attorney's fees and costs of collection. If payment becomes 30 days past due, service charges at an APR of 18% and a \$5.00/month billing fee will be added to the balance due.

Signature of Owner _____ Date _____