

## Client Information Sheet

Your name: \_\_\_\_\_

Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/other Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse/other phone number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

How do you prefer to be notified of reminders? Text \_\_\_\_\_ Email \_\_\_\_\_ Post card \_\_\_\_\_

How did you learn of our hospital? We would like to thank any individual who referred you!

Hospital Sign \_\_\_\_\_ Direct mail \_\_\_\_\_ Brochure \_\_\_\_\_ Internet \_\_\_\_\_ Friend \_\_\_\_\_

If referred by a friend, what is your friend's name? \_\_\_\_\_

## Patient Registration

Pets name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Bird \_\_\_ Rabbit \_\_\_ Reptile \_\_\_ Rodent \_\_\_ Other \_\_\_\_\_

Birthdate (approx. if unknown): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Microchipped: \_\_\_\_\_ Color: \_\_\_\_\_

Any previous medical issues: \_\_\_\_\_

Is your pet currently on any heartworm or flea prevention? If so what kind/brand:

\_\_\_\_\_

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\_\_\_\_\_

**AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR  
PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

**We accept cash, checks, Visa, Mastercard, American Express, Discover, and Care  
Credit.**

**We charge a \$30 fee for any returned checks.**