



## Client Information Sheet

Date \_\_\_\_\_  
 Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Spouse Cell \_\_\_\_\_ Spouse Work \_\_\_\_\_  
 Do you prefer a text or call? Text ( ) Call ( ) (please circle best contact phone number)

Email \_\_\_\_\_ Spouse email \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ TX D.L # \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Signature \_\_\_\_\_

How did you become aware of our clinic?  I am a previous client  Drive by  Yellow Pages  
 Personal Recommendation (Whom may we thank?) \_\_\_\_\_  
 Internet search. Would you mind sharing what you typed into Google to find us?

### PATIENT INFORMATION

	PET #1	PET #2	PET #3
Name			
Species			
Breed			
Date of Birth			
Color			
Sex: Spayed/Neutered			

Where should we call for previous vaccination and medical history? \_\_\_\_\_

Our pet(s) is:  Member of our family  Child's pet  Backyard Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Would you like to be present during treatment of your pet?  Yes  No

Periodically we take photos of our patients, would it be ok if we posted them to social media, such as Facebook, Google+ and Twitter?  Yes  No