

(Office Use Only) Client ID: \_\_\_\_\_

### CLIENT INFORMATION

Client Name: \_\_\_\_\_

*First and Last*

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

*First and Last*

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

*No PO box please; City, ST, Zip*

Primary Phone: \_\_\_\_\_

Cell  Work  Home

*Check one*

Secondary Phone: \_\_\_\_\_

Cell  Work  Home

*Check one*

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

Emergency

Emergency

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### PATIENT INFORMATION

Pet's Name: \_\_\_\_\_

Type of pet: \_\_\_\_\_

*Cat or Dog*

Pet's DOB: \_\_\_\_\_

Breed of pet: \_\_\_\_\_

Male  Female

*Check one*

Spayed  Neutered

*Check one*

Coat Color: \_\_\_\_\_

### OTHER INFORMATION

How did you hear about us? \_\_\_\_\_

Website

Google Search

Referral

Other

*Check one*

Initial here to give us permission to use photos of your pet on our social media platforms.

### FINANCIAL ARRANGEMENT / LATE CHARGES

*For your convenience, we offer the following methods of payment: cash, personal check, debit card, Discover, Visa MasterCard, Care Credit, and Scratchpay. Balance is due at the time of service, with no exceptions. Accounts must be kept current to enable us to provide continuing service and emergency care for your pet. In case of default on the payment of this account, you agree to pay a minimum collection fee of \$250.00 plus all attorney and Small Claims Court fees needed to collect on this amount or any future outstanding account balances. If any balances occur that are unpaid, they will be charged to your last-used credit card. By signing below, I am acknowledging these terms and conditions.*

Client Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_