



Client Information

Owner Name: _____ () Mr. () Miss () Mrs. () Ms. () Dr.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home _____ Cell _____ Work _____

Please indicate primary number in the check box (the one we should try to call you on first)

Owner's Employer/Occupation _____

Is the owner a Sr. Citizen (over 65 years)? ____

Co-Owner Name: _____ () Mr. () Miss () Mrs. () Ms. () Dr.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home _____ Cell _____ Work _____

Please list any owners authorized to give consent for care of pets listed in my file (Must be over 18 yrs of age) _____

email address _____

By providing an email address, you can get 24-hour access to your pets' health information in their own private Pet Portal, shop in our online store; receive special coupons and information about special events and offers. (Typically 4-8/year)
(Your information is not shared with third parties.)

Whom may we thank for their referral (if applicable)? _____

Pet's Name	Breed	<u>Male/Female</u> <u>Neutered/Spayed</u>	Color	Date of Birth <i>Approximate is OK</i>

Payment Policy

Thank you for choosing us to care for your pet(s). It is our policy that payment is due at the time of service. We accept Cash, Debit, Visa, MasterCard, Discover, American Express and Care Credit.

By signing below you indicate that you are the owner and responsible party for services rendered for the above pets. I have read and understand the above payment policy.

Signature _____ **Date** _____