

Client ID \_\_\_\_\_

# Companion Animal Clinic

## Client/Patient Information

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_

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

**Owner**

**Spouse/Other**

Phone(s)

Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Receive Reminders Via E-mail?

YES

NO

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Species: (Please Circle One) Canine Feline Other Breed \_\_\_\_\_

Sex: (Please Circle One) Male Male/Neutered Female Female/Spayed

Color/Markings: \_\_\_\_\_

**\*\*Please list any additional pets on the back of this sheet\*\***

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

We will gladly prepare a written estimate if you so desire. A deposit may be requested for hospitalized patients. You will be responsible for collection fees, attorney's fees, court costs, and interest (1 1/2 % monthly), which will accrue from the date of delinquency for any unpaid fees.

**To prevent the spread of infectious disease and parasites, hospitalized and boarded pets must be current on all vaccines and free of internal and external parasite. I authorize the doctor to provide vaccines and parasite control as needed for my pet.**

X \_\_\_\_\_ DATE \_\_\_\_\_

Owner/Agent