



# Client Information Sheet

Name: \_\_\_\_\_ Spouse/Co-owner: \_\_\_\_\_

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

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

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

Phone #s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Spouse/Co-owner Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

## **Other Authorized Caregivers**

Name(s): \_\_\_\_\_

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

Contact Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Is this person authorized to make veterinary decisions on your behalf ?  Yes  No

Do we have permission to release your pet to this person?  Yes  No

## **How did you hear about us?**

Yellow Pages  Location/Sign  Individual Referral (whom) \_\_\_\_\_

Internet (please list website) \_\_\_\_\_  Other \_\_\_\_\_

## **Financial Information**

Form of payment preferred:  Care Credit  American Express  Visa  Mastercard  Cash  Check

Would you like for us keep a credit card on file for your convenience?  Yes  No

**Card type and number:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

**Driver's License Information State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Exp date:** \_\_\_\_\_

Do you have pet insurance?  Yes  No If yes, please provide company name: \_\_\_\_\_

\*\*Full payment is required at the time services are provided. I understand that upon my request the hospital staff will provide an estimate of any current and/or anticipated charges. By signing below, I am authorizing veterinary care be provided for the pet(s) presented by me or by my agent(s). I am the legal owner/agent of this /these animal(s) and as owner/agent I understand that I am financially responsible for all services provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_