



MID-PENINSULA  
ANIMAL HOSPITAL

## Client Information Sheet

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

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

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

Email address: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

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

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

### Other Authorized Caregivers

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

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

Contact Phone #s 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?

Location/Sign  Individual Referral (whom): \_\_\_\_\_

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

### Financial Information

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

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: \_\_\_\_\_