



**INFORMATION FORM**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CLIENT INFORMATION**

Title (check one): Mr.  Mrs.  Ms.  Miss  Dr.

Owner(s) Name \_\_\_\_\_  
LAST FIRST M.I.

Spouse/Other \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET APT # CITY ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**PET INFORMATION**

Pet Name \_\_\_\_\_ Dog Cat Other \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Spay/Neutered Y  N  D.O.B. \_\_\_\_\_ Color \_\_\_\_\_

Is your pet current on vaccinations? Y  N

Primary Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_

Referring Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_

I would like my pet's records faxed to (check all that apply):

Primary Veterinarian \_\_\_\_\_ Referring Veterinarian \_\_\_\_\_ Other \_\_\_\_\_

Does your pet exhibit any behavioral problems that may pose a risk to our doctors or technical staff?

Y  N  If yes, please explain \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_

I understand that I am financially responsible for all charges for services rendered. I agree in the event of non-payment to bear the costs of finance charges at the rate of 1% per month, the costs of all collection and/or court costs and legal fees, should this be required.

Signature of responsible owner \_\_\_\_\_  
or agent (18 years or older)