

ID # _____

(office use only)

CLIENT/PATIENT INFORMATION SHEET

OWNER: FIRST NAME _____ LAST _____

SPOUSE/OTHER _____

DRIVER'S LICENSE NUMBER _____ **(Must show proof)**

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

OCCUPATION _____ WORK PHONE _____

SPOUSE CELL PHONE _____ SPOUSE WORK PHONE _____

Email _____

Are you over 65 years of age? Yes/No (circle one)

Are you or have you been in the military? Yes/No (circle one)

Are you a First Responder? Yes/No (circle one)

METHOD OF PAYMENT: CASH _____ CHECK _____ VISA _____ M/C _____ DIS _____ AMER EX _____

Payment is expected when services are rendered

PET NAME _____ SPECIES K9 FEL OTHER (CIRCLE ONE) SEX _____ (SPAYED/NEUTERED)

BIRTHDATE _____ BREED _____ COLOR _____

VACCINE RABIES _____ DHLPP/FVRCP _____

HISTORY FELINE LEUKEMIA _____ FECAL _____

DATES HEARTWORM TEST _____ MICROCHIP # _____

Name of previous Veterinary Clinic _____ City/State _____

Is this where your pet's most recent vaccine history is? Yes/No (circle one)

In order to release any history on your pet, we must receive prior consent. If this is agreeable to you, please sign on the line below.

We accept Cash, Local Checks, Debit cards, American Express, Discover, Visa, and Mastercard. A finance charge of 1.5% per month will be charged on invoices not paid within 30 days. A statement handling fee of \$1.00 per statement will be charged. Please be advised that any account over 90 days past due will be turned over to a collection agency with a 28% fee added to the balance of your unpaid account. To avoid these charges, you may make a minimum payment of 20% of your total bill per month for 5 months. I have read and understand the following terms.

Signature _____