



Client Information Sheet

Date: _____

Owner's Name: _____ Spouse: _____

Address: _____ Zip Code: _____

Home#: _____ Work#: _____ Cell#: _____

E-mail: _____

Who can we thank for the referral? Name: _____ Phone #: _____

Phonebook _____ Facebook _____ Website _____ Location _____ Word of mouth _____

Google _____ Yelp _____ YP.Com _____ Other _____

Were you referred by a friend? _____ Reference name and number : _____

Driver's License Information:

His D.L No _____ EXP. Date _____ D.O.B. _____ State _____

Her D.L No _____ EXP. Date _____ D.O.B. _____ State _____

I assume responsibility for all charges incurred in the care of the following animal(s). I understand that these charges will be paid in full at the time of service or release and that a deposit may be required for treatment. I further agree that in case of non-payment, a finance charge of 1.5% monthly, a billing/processing fee, and all collection fees or attorney fees will be applied to my account balance.

X _____

Signature of Owner or Responsible Party

1. Pets name _____ Dog/Cat/Other _____
Breed _____ Color _____ M/F _____ Neutered/Spayed? Yes ___ No ___ D.O.B _____

2. Pets name _____ Dog/Cat/Other _____
Breed _____ Color _____ M/F _____ Neutered/Spayed? Yes ___ No ___ D.O.B _____

3. Pets name _____ Dog/Cat/Other _____
Breed _____ Color _____ M/F _____ Neutered/Spayed? Yes ___ No ___ D.O.B _____

4. Pets name _____ Dog/Cat/Other _____
Breed _____ Color _____ M/F _____ Neutered/Spayed? Yes ___ No ___ D.O.B _____

Method of Payment Cash _____ Checks _____ Credit Cards _____ Care Credit _____