



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: \_\_\_\_\_

Please provide **YOUR** 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 \_\_\_\_\_