

**CLIENT PROFILE**

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Emergency Relative Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Payment Terms:** Payment is due in full when services are rendered regardless of treatment outcome.

**Returned Checks:** Any returned check will be subject to a \$35.00 fee.

**How will you be paying today?**

Cash \_\_\_\_\_

Visa \_\_\_\_\_

Check \_\_\_\_\_

MasterCard \_\_\_\_\_

Discover \_\_\_\_\_

American Express \_\_\_\_\_

Care Credit \_\_\_\_\_

**Would you like information on Care Credit?**

**Do you have pet insurance?** \_\_\_\_\_

**Client Responsibility Signature:** \_\_\_\_\_

## NEW PATIENT INFORMATION

1<sup>ST</sup> Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet current on vaccinations? Yes/No

Any history of vaccine reactions? Yes/No Any known allergies? Yes/No (please list)

If available, please give me your previous Vet's name, hospital, phone number and pet's allergy info:

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2nd Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet current on vaccinations? Yes/No

Any history of vaccine reactions? Yes/No Any known allergies? Yes/No (please list)

If available, please give me your previous Vet's name, hospital, phone number and pet's allergy info:

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3rd Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet current on vaccinations? Yes/No

Any history of vaccine reactions? Yes/No Any known allergies? Yes/No (please list)

If available, please give me your previous Vet's name, hospital, phone number and pet's allergy info:

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4th Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_ Spayed/Neutered? \_\_\_\_\_

Is your pet current on vaccinations? Yes/No

Any history of vaccine reactions? Yes/No Any known allergies? Yes/No (please list)

If available, please give me your previous Vet's name, hospital, phone number and pet's allergy info:

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