



Client Information Sheet

Thank you for allowing us to care for your pet. To ensure the best possible care, please fill out this form completely. We'll be happy to answer any questions you may have.

The one to call – 24/7

Client Information (must be 18)

| | | | |
|---------------|---------------|------------------|------|
| Mr/Mrs/Ms/Dr: | Spouse/Other: | | |
| Home Address: | City: | State: | Zip: |
| Home Phone: | Cell Phone: | Alternate Phone: | |
| Email: | Employer: | Date of Birth: | / / |

Pet Information

| | | |
|----------------------------------|-------------------------|--------|
| Pet Name: | Breed: | Color: |
| Sex: Male Neutered Female Spayed | Species: Dog Cat Other: | |
| Birthday or Age: | List any allergies: | |

How did you hear about us?

| | | |
|---|------------------------|--------------------|
| Did your veterinarian refer you? Yes No | Hospital/Veterinarian: | |
| PLEASE CIRCLE THOSE THAT APPLY: | Hospital Sign | Magnet |
| Friend/Family (who we may thank?-Please write below): | Online Search/Website | Other Organization |
| | Previous Visit | Yellow Pages |

Payment in full is due at the time your pet is discharged from 1st Pet Veterinary Centers. You will be provided with a written estimate of charges. A 75% deposit will be required if your pet is hospitalized.

Method of Payment (please circle):

Cash Debit Check V/MC Discover Amex Care Credit

Permission to Treat:



I authorize the doctors to perform treatment for my pet. I assume responsibility for all charges incurred in the care of this animal.

X

Owner/Agent (must be 18) Signature and Date