

CLIENT INFORMATION FORM

How did you hear about us?

Date:

Name of responsible party:

Street address:

City/State:

Zip Code:

Home phone:

Work phone:

Spouse work phone:

Emergency contact:

Driver's lic. No:

Photocopy of driver's license will be needed.

Permission to treat in case of emergency if you are unavailable? YES NO
For example - Animal Control officer or neighbor finds your pet loose in the street and injured and you can not be reached.

To help us better serve you, please check any of the boxes below that describe your pet or your relationship to the pet(s) with you today.

- () I consider this pet to be a dear friend & companion of mine.
- () I/we consider this pet to be part of our family.
- () My pet(s) live inside my home.
- () I know this pet well enough to know when he/she is happy or sad, comfortable or in pain, scared or contented, etc.
- () I hope to breed and sell puppies or kittens.
- () This animal is primarily a watch dog.
- () This pet belongs to a friend or relative. I am bringing it to the vet as a favor.
- () This pet belongs to a homebound person.
- () I recently found this pet roaming stray. I will find or provide a caring home for it.
- () This dog or cat has shown aggressive tendencies in the past. * Aggression could be due to fear or a general objection to strangers.
- () I become nervous or queasy when watching medical procedures performed on my pet.

STAFF MEMBERS - PERSONAL INFORMATION - DO NOT FAX