



## Client Information Sheet

Thank you for allowing us to care for your animal companions. Please help us to better meet your needs by taking a moment to complete this information sheet.

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
(last) (first)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: (\_\_\_\_) \_\_\_\_\_ Secondary Telephone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Sig. Other's Phone: (\_\_\_\_) \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_ *This address is for reminders and hospital information only.*

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Owner Birthdate** (for dispensing of prescriptions): MM/DD/YYYY format \_\_\_\_\_

Driver's License (*required for check payments*): \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(State) (Number)

May we contact your previous veterinarian for records?  Yes  No

Previous Veterinarian (name/city): \_\_\_\_\_

May we use in-hospital photos of your pet on our social media page(s)? *Your name **will not appear** on any publications.*  Yes, you may use photos taken of my pet  Please do not use photos of my pet

### **Please Read:**

- *A written estimate will be prepared for all major procedures and will be gladly provided upon request.*
- ***Note that we are not a 24-hour facility and are not staffed overnight. If your pet needs overnight hospitalization, we will be happy to refer you to a 24-hour facility.***
- ***FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND A DEPOSIT MAY BE REQUIRED BEFORE PROCEDURES ARE PERFORMED. ALL CHECKS WILL BE SUBJECT TO ELECTRONIC PROCESSING.***
- *Checks returned for Non-Sufficient Funds will be subject to a \$25 fee.*
- *Please complete the following if you plan to pay by check or credit card:*

### **How did you first hear of our hospital?**

- Individual; someone we may thank? \_\_\_\_\_  Hospital Sign  Hospital Website  
 Yelp  Facebook  Search Engine \_\_\_\_\_  Other \_\_\_\_\_

*I certify that the above information is correct to the best of my knowledge.*

*I understand that veterinary medicine is a practice and that no treatment guarantees a cure or definitive diagnosis. I understand that payment is due when services are rendered, regardless of outcome. **I will notify the veterinarian of any conditions that my pet has which may affect his/her treatment.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**At All Pets Animal Hospital we strive to treat every client and patient as we would our own family members. Please feel free to ask any questions or voice any concerns you may have!**