

CLIENT INFORMATION FORM

PRIMARY OWNER:

NAME: LAST _____ FIRST _____

SPOUSE/CO-OWNER:

NAME: LAST _____ FIRST _____

MAILING ADDRESS:

STREET _____
ADDRESS _____ APT _____
CITY _____ STATE _____ ZIP CODE _____

CONTACT INFORMATION:

HOME _____ CELL _____ WORK _____
HOME _____ CELL _____ WORK _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
DRIVERS
LICENSE _____ EXPIRATION _____ STATE _____

EMERGENCY TREATMENT:

In the event of an emergency, do you authorize treatment of your pet(s) if every attempt made to contact you was unsuccessful? YES NO INITIAL _____

HOW DID YOU HEAR ABOUT US?

- Yellow Pages
- Website
- Personal Referral Who may we thank? _____
- Other? _____

PET INFORMATION:

NAME _____ SPECIES? DOG CAT
BIRTH DATE _____ SEX? MALE FEMALE
BREED _____ NEUTERED? YES NO
COLOR _____ SPAYED? YES NO
PREVIOUS VETERINARIAN _____
Would you like your pet's medical history transferred to our hospital? YES NO

I, the undersigned, and owner or authorized agent of the above mentioned pets, do hereby authorize the Huntley Veterinary Hospital to perform such examinations, diagnostic test and treatments as necessary. I further agree to be financially responsible for all costs for such procedures and treatments. I understand that full payment is due at the time services are rendered. I understand that abandonment of animals does not relieve me of this financial obligation. Failure to pay bills on time may result in billing, finance charges and/or costs of any collection fee incurred.

SIGNATURE _____ DATE _____