

Horse & Hound

CLIENT INFORMATION FORM

PRIMARY CONTACT

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

SECONDARY CONTACT

Name _____ Phone _____

PET INFORMATION

➤ Name _____ Age _____ Color _____

Species Canine Feline Equine Breed _____

Gender Male Female Spayed/Neutered/Castrated Yes No

➤ Name _____ Age _____ Color _____

Species Canine Feline Equine Breed _____

Gender Male Female Spayed/Neutered/Castrated Yes No

How did you learn about us? _____

Are we allowed to share photos of your pet on our social media account? Yes No

Preferred method of contact Text Call Email

Previous Veterinary Clinic: _____

We strive to provide safe, proven, and effective products and medications for our clientele and patients. This includes our in-house, online, and partnering compounding pharmacies, which provide multiple avenues for medication types and dosing. For prescriptions to third-party pharmacies in which product legitimacy and storage cannot be guaranteed, we require a prescription waiver and physical written prescription to be obtained at our clinic.

I, the undersigned, owner of the above listed animals (& future animals), understand that I am fully financially responsible for all services at the time rendered. I realize if I fail to pay, I am liable for all collection costs and/or court feeds incurred for this account. Future services may be withheld if there is an outstanding balance.

Signature _____

Date _____

Print Name _____

**All information is confidential. Patient records will not be released without consent of the owner.*