

CLIENT INFORMATION FORM



First name: _____
Last name: _____
Address: _____
City: _____
State: _____ ZIP: _____
Home phone: (____) _____
Work: (____) _____
Cell: (____) _____
Email: _____

How did you hear about us?

- Search Engine Facebook Website Yelp Personal recommendation
(Whom can we thank? _____)
- Other: _____

Payment is required at the time of service. For your convenience, we accept Debit, Credit, Cash, Check, Venmo, or PayPal.

Please check one: Debit Credit Cash Check Venmo PayPal

How much information do you want to be given about your pet's health?

- I want a full explanation—anything and everything.
 I want a brief explanation—just the important stuff.
 I just want to know if there's anything I need to do—keep it simple.

Pet information Name: _____
Age/Birthday: _____ Species (cat, dog, etc.) _____
Breed _____ Color _____
Weight _____

Male Female Spayed/neutered? Yes No

Does your pet have allergies? Yes No

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

List any medical conditions or major surgeries your pet has/had had:

List any behavior problems we need to be aware of:

List any foods and treats you give your pet:

Client Signature: _____ Date: _____