5431 Montgomery Road, Midlothian, Texas 76065 * 972-775-8966

pawsforreflectionranch@att.net

# CLIENT INFORMATION FORM

**Today's Date** ____/____/____

## CLIENT INFORMATION

| Client Last Name | First | Middle | If under 18, Guardian Name | Marital Status (Circle One) Single / Married / Other |
|---|---|---|---|---|
| | | | | |

| Is this your legal name? ❑ Yes ❑ No | If not, what is your legal name? | (Former Name) | Birth Date / / | Age | Sex ❑ M ❑ F |
|---|---|---|---|---|---|
| | | | | | |

| Street Address | City | State | ZIP Code | County | Home Phone No. |
|---|---|---|---|---|---|
| | | | | | |

| P.O. Box | City | State | ZIP Code | Cell Phone No. |
|---|---|---|---|---|
| | | | | |

| School Grade or Occupation | Employer (if applicable) | Work Phone No. |
|---|---|---|
| | | |

Preferred Name:

WARNING! E-mail and cell phone communications are NOT private and may not be protected.

Referred to Provider by (Please check one box & list) ❑ Dr. _____ ❑ Insurance Plan ❑ Website

❑ Family ❑ Friend ❑ Close to Home/Work ❑ Yellow Pages ❑ Other _____

**Email Address:** **MAY WE COMMUNICATE WITH YOU BY E-MAIL? Circle YES or NO**

## IN CASE OF EMERGENCY

| Name of Local Friend or Relative | Relationship to Client | Home Phone No. | Work Phone No. |
|---|---|---|---|
| | | | |
| | | | |

Optional Cultural Diversity Survey: This information is used for percentages only. This will help Paws for Reflection Ranch to broaden Grant options so that we will be able to provide more scholarships and services to our clients.

❑ African American ❑ Caucasian ❑ Hispanic ❑ Asian ❑ Middle Eastern

❑ Other ❑ Unknown

X

CLIENT (18 & over) or PARENT/GUARDIAN SIGNATURE DATE