

**CLIENT INFORMATION (Person Responsible for Payment of Charges)**

Please print and fill out completely

Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Which phone number do you prefer as your Primary phone number? \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

CITY

STATE

ZIP

Mailing Address: \_\_\_\_\_

(If different from Street Address) \_\_\_\_\_

CITY

STATE

ZIP

Would you like reminders sent to your e-mail address? YES NO

If YES, please provide your e-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**SPOUSE or PARTNER**

Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT (In case we cannot reach you)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people are/are not allowed to bring in or pick-up pets:

| AUTHORIZED | UNAUTHORIZED |
|------------|--------------|
|            |              |
|            |              |
|            |              |

I hereby declare that all of the above information is correct and I agree to pay for all charges incurred at the time of the office visit by cash, credit card or check.

Signature

Date