

Client Information Sheet



Date: _____
Owner's Name: _____
Spouse's Name: _____
Address _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____ Email Address: _____
Place of Employment: _____ SSN: _____
Driver's License #: _____ DOB: _____
Emergency Contact: _____ Phone #: _____

FOR THE PET SALON

Veterinarian: _____
Address: _____
Phone #: _____

ADDITIONAL INFORMATION

How did you hear about us?

- Referred by one of our clients, please enter name: _____
 Puppy Store: _____ Professional Referral: _____
 Breeder: _____ Personal Recommendation: _____

PET'S INFORMATION

Pet's Name: _____
Species:
 Cat Dog Bird Reptile Ferret Rabbit Hamster Guinea pig Gerbil Other
Breed: _____ Age: _____ Date of Birth: _____
Color: _____ Sex: Male Female Spayed/Neutered?: Yes No
Acquired From: _____ Date Acquired: _____

Other Pets: _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that a deposit of 50% will be required for surgery, hospital, or medical procedures, and that payment in full is required at the time of release, or as services are rendered. Should a portion of my pet's care be covered, through a prior agreement, by any third party, I also understand that I am responsible for any remaining fees. I understand that I can receive a written fee estimate if I request one. Should the Clinic have to institute collection proceedings to recover any amount owed by me that includes balance due, interest and billing fee's, I agree to pay all costs of such collection proceedings, including any legal fees incurred. If there is an insurance policy on this pet, the insurance policy is between me and my insurance carrier not the Clinic's insurance carrier and Commack Veterinary Center. Balances overdue will incur interest and billing charges.

Signature of Owner: _____ Date: _____

