

Animal Clinic Client Information

Date: / / Account Number

Last Name	First Name	Middle Initial
Address	Apt. #	City, State, Zip
Home Phone	Cell Phone	Work Phone
Other Phone	Email Address	

Privacy Policy

Animal Clinic Inc. will not share your personal information with anyone, including other veterinary, boarding, and grooming facilities unless there is written consent to do so.
 In the event of a pet health emergency, some exceptions may be made.

Would you like your pet's vaccine information or medical records to be shared with another veterinary, boarding or grooming facility: Yes ___ No ___ X: ___

If you would like to add anyone as a **secondary owner**, please list them below. **MUST** be over 18.

Name	Relationship with Client	Phone Number
Name	Relationship with Client	Phone Number

Payment is expected in full at the time of service. We accept Cash, Check, Visa, MasterCard, Discover, and CareCredit. If you would like to apply for CareCredit, please ask for assistance from the receptionist.

I accept responsibility for all charges incurred for the pets listed on this account, and agree to pay in full for treatment at the time it is received, and that I am over 18. X: ___ Date: ___

How did you hear about us?

Client? Please list their name so we can thank them:
Yellow Pages (YP)
Yellow Book (YB)
Facebook
Animal Clinic, Inc. Web Site
Other:

Pet Information

Please list the pets that you are medically responsible for.

*Species refers to the type of animal, such as dog, cat, ferret, guinea pig, lizard, bird, etc.

*Breed refers to the variety of animal, such as pug, beagle, mix, etc. If unsure, leave blank.

Name _____
Species _____
Breed _____
Color _____
Sex M F Spayed Neutered _____
Age/DOB _____
Previous Vet _____

Name _____
Species _____
Breed _____
Color _____
Sex M F Spayed Neutered _____
Age/DOB _____
Previous Vet _____

Name _____
Species _____
Breed _____
Color _____
Sex M F Spayed Neutered _____
Age/DOB _____
Previous Vet _____

Name _____
Species _____
Breed _____
Color _____
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