



Client / Pet Information Sheet

Owner's Name _____ Spouse's first name _____

Address _____ City _____ State _____ Zip _____

Phone numbers: Home _____ Work _____ Cell _____ Other _____

Email _____ May we contact you via email? Yes ___ No ___

How would you like future reminders? e-mail ___ postal mail ___ or both ___

How will you be paying for your services today? cash ___ credit card ___ check ___

Referred by: Client ___ Clients name _____ Web Site ___ Yellow Pages ___ Business ___ Veterinarian ___

Drive-by _____

Driver's License # _____

Spouse's # _____

State _____ Exp. _____

State _____ Exp. _____

SSN _____

SSN _____

Pet's name _____ **Breed** _____ **Color** _____

Canine ___ Feline ___ Male ___ Female ___ Spayed ___ Neutered ___ DOB ___ / ___ / ___

Pet's name _____ **Breed** _____ **Color** _____

Canine ___ Feline ___ Male ___ Female ___ Spayed ___ Neutered ___ DOB ___ / ___ / ___

Pet's name _____ **Breed** _____ **Color** _____

Canine ___ Feline ___ Male ___ Female ___ Spayed ___ Neutered ___ DOB ___ / ___ / ___

Is your pet(s) on heartworm and/or flea preventative? Yes ___ No ___ What type(s) _____

What is the name of your current pet insurance provider? _____

If you do not have pet insurance would you like for us to provide you with information in reference to pet insurance? _____

Pet Restraint Policy: I agree to hold harmless The Paw Patch Place should I be injured by my pet while in the care of The Paw Patch Place. I understand that The Paw Patch Place employs staff who are trained in humane animal restraint and I authorize The Paw Patch Place to restrain my pet.

Signature _____

Date _____

Authorization For Treatment : I hereby authorize the staff of The Paw Patch Place to render any treatment deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner, Agent or Good Samaritan _____

Date _____

Records Release: I understand that records from previous Veterinarians are confidential and that by signing below I am authorizing the release of any and all records from my previous Veterinarian.

Signature of Owner or Agent _____

Date _____

Authorization for Pet(s) photo: I hereby give the staff of the Paw Patch Place my permission to photograph my pet(s) and post my pets picture, first name and general information (excluding personal client information) about my pet(s) on the Paw Patch Place's Face Book page.

Signature of Owner or Agent _____

Date _____