

# Client Information Form

## Patient Information

Pet Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color(s): \_\_\_\_\_

### Please Circle Items Below

Dog \_\_\_\_\_ Cat \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Is Male(Neuterred), or Female(Spayed)? Yes No  
Date Of Last Vaccines: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color(s): \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Is Male(Neuterred), or Female(Spayed)? Yes No  
Date Of Last Vaccines: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_  
*Would you like you pet's medical history transferred to our hospital? Yes No*

## Client Information

Client Name: \_\_\_\_\_  
Co-Owner/Spouse Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ APT#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Major Credit Card: VISA / MC / DISCOVER Card #: \_\_\_\_\_ Exp: \_\_\_/\_\_\_

Employer Name & Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse/Co-Owner Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT PERSON & PHONE #:** \_\_\_\_\_

It is best to reach me at this number: \_\_\_\_\_ Between the hours of \_\_\_\_\_ & \_\_\_\_\_

## HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Shadowridge Veterinary Hospital Web Page: \_\_\_\_\_ Creature Comforts Pet Hotel Web Page: \_\_\_\_\_ SPCA/Shelter \_\_\_\_\_  
Yellow Pages: \_\_\_\_\_ Drove By Facility: \_\_\_\_\_ North County Woman Magazine: \_\_\_\_\_  
Personal Recommendation: \_\_\_\_\_ Who May We Thank? \_\_\_\_\_  
Other: \_\_\_\_\_

*I the undersigned, and owner or authorized agent of the above mentioned pets do hereby authorize Shadowridge Veterinary Hospital to perform such examinations, diagnostics tests as necessary. I further agree to be financially responsible for all costs for such procedures and treatments. I understand that full payment is due at the time services are rendered. I understand that abandonment of animals does not relieve me of this financial obligation. Failure to pay bills on time my result in billing and finance charges and/or cost of any collection fees incurred.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_