



CLIENT INFORMATION

(To be updated yearly)

Owner(s): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

	Phone Numbers	Whom do we ask for?
Home	_____	_____
Work	_____	_____
Work	_____	_____
Cell	_____	_____
Cell	_____	_____

Would you like your pet's reminders sent to you via email? Yes or No

Email address (please PRINT clearly): _____

Others authorized to make financial and medical decisions:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We will be making recommendations for preventing disease in your pets. Because dogs and cats can carry diseases that are contagious to people, we also want to make recommendations to help prevent this type of disease transmission. Please let us know if your pets will have any possible contact with the following:

- HIV+ person
- Diabetic person
- Anyone who is immunosuppressed or on immunosuppressive medication
- Children under age 6
- Cancer patients
- Elderly people
- Pregnant woman

How did you hear about us? _____

By signing below, I understand that payment is due at the time services are rendered. Any unpaid balances will accrue a monthly fee of \$15.00. Returned checks will accrue a service fee of \$25.00. I have read and understand the conditions, and agree to honor said agreement.

Owner Signature

Date

Updates – I have reviewed the above form and no changes are needed:

Date: _____

Initials: _____