



CLIENT CONTACT INFORMATION

(To be updated yearly)

Owner #1: _____ **Driver's Lic #:** _____
(Main Contact)

Date of Birth: _____ **Gender:** M F

Owner #2: _____ **Driver's Lic #:** _____

Date of Birth: _____ **Gender:** M F

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

IMPORTANT – The phone number you list as primary will be the number our doctors call to communicate with you, please choose the number you will be most likely to answer regularly.

Primary Phone #: _____ **Name** _____

Can we text this number? Y N

My/Our Other Numbers (work/cell/home)

Phone Number	Whom do we ask for?	Can we text?
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

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

Email address (please PRINT CLEARLY) _____

See other side →

THIS AREA IS FOR OFFICE USE ONLY

Date:

Initials:



HEALTH AND FINANCIAL INFORMATION

Others Authorized:

Able to make financial and medical decisions, pick up and drop off patient and/or medication.

- 1. Name: _____ Relationship: _____
 Phone#: _____ Gender: M F DOB: _____
- 2. Name: _____ Relationship: _____
 Phone#: _____ Gender: M F DOB: _____
- 3. Name: _____ Relationship: _____
 Phone#: _____ Gender: M F DOB: _____

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

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

I plan on paying using the following methods:

- Visa, MasterCard, Discover or Debit
- Cash
- Care Credit
- Check – Social Security#: _____

By signing below, I understand that payment is due at the time services are rendered (no payment plans with Animal Care Clinic). Any unpaid balances will accrue a monthly fee of \$15.00 plus interest. 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

Printed Name