

# CLIENT INFORMATION FORM

**Pet Name:** \_\_\_\_\_ Dog / Cat Male/Female Spayed or Neutered? Yes/ No  
Breed: \_\_\_\_\_ Colors: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Last Vaccines: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ Dog / Cat Male/Female Spayed or Neutered? Yes/ No  
Breed: \_\_\_\_\_ Colors: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Last Vaccines: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ Dog / Cat Male/Female Spayed or Neutered? Yes/ No  
Breed: \_\_\_\_\_ Colors: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Last Vaccines: \_\_\_\_\_

**Previous Veterinarian:** Would like us to call to get a copy of the medical records faxed to our hospital? YES / NO

**Client Full Name / Owner #1:** \_\_\_\_\_  
Co-Owner or Spouse Name: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ exp: \_\_\_\_\_

**Contact Numbers:** Home: \_\_\_\_\_  
Cell #1: \_\_\_\_\_ Work #1: \_\_\_\_\_  
Cell #2: \_\_\_\_\_ Work #2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Is it ok to text your cell in case of emergency? Yes / No  
Is it ok to send you emails for reminders for vaccines and health alerts in our newsletter? Y / N

**Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_

**Spouse/Co-owner Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_

**Emergency Contact Person and Phone #:** \_\_\_\_\_  
In case of emergency and you are not available, who may we call to authorize treatment for your pet.

**How did you become aware of our hospital?**

- Shadowridge Vet Hospital Webpage -
- Internet search - Please let us know which search engine or website: \_\_\_\_\_
- Facebook
- Yellow pages
- SPCA or shelter referral \_\_\_\_\_
- Drove by facility
- Personal Recommendation ( who may we thank? \_\_\_\_\_ )

**Authorization for us to see your pet:**

I, the undersigned, and owner or authorized agent of the above mentioned pets do hereby authorize Shadowridge Veterinary Hospital to perform such examinations, diagnostic tests and treatments as necessary and authorized by me whether verbally or in writing. 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 financial obligation. Failure to pay bills at time of service may result in billing and finance charges and/or all costs associated with collection fees incurred.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_