

# Client Information

Date\_\_\_\_\_

Owner's Name\_\_\_\_\_ Owner's Birthday\_\_\_\_\_

(Must be 18 or older)

Spouse/Other\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Other\_\_\_\_\_

EMERGENCY Contact\_\_\_\_\_ Number\_\_\_\_\_

E-mail address\_\_\_\_\_

**Ask us about your pet portal!!!!**

I would like to authorize release of my records to other hospitals, groomers, boarding facilities, or adoption agencies. (Please circle one)

Yes

No

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We will gladly prepare a written estimate if you desire, please ask the receptionist.  
**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**  
Cash, checks, and all major credit cards are accepted.  
We now offer Care Credit!!!

By signing below, I understand and agree that in the event of default, I am liable for all costs of collection including collection fees, reasonable attorney fees, court costs, and all other costs related to the collection of this debt.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date