



# Claws & Paws Veterinary Hospital

## Client Information Sheet

Client Number \_\_\_\_\_

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

Current Address \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

TDL. \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Cell or Pager#( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment (self) \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ May we contact you at work? Yes / No

Spouse's Name (or co-owner) \_\_\_\_\_

Place of employment \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ May we contact you at work? Yes / No

Emergency Contact Person \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell or Pager ( ) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name	Date of Birth	Sex	Breed	Color
1.) _____	___/___/___	M / N - F / S	_____	_____
2.) _____	___/___/___	M / N - F / S	_____	_____
3.) _____	___/___/___	M / N - F / S	_____	_____
4.) _____	___/___/___	M / N - F / S	_____	_____
5.) _____	___/___/___	M / N - F / S	_____	_____

Regular or previous veterinary \_\_\_\_\_

May we contact them for patient records? Yes / No ( ) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Any other information you would like for us to have? \_\_\_\_\_

Record updates (include month, year & initials) *\*For Clinic Use\**

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

I understand that payment in full is expected when services are rendered. I will assume full financial responsibility for all charges incurred on my pet's behalf, today and on all future visits. **I give my permission for Claws & Paws Veterinary Hospital to release my pet's records when appropriate to do so.**

Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_