



# Claws & Paws Veterinary Hospital®

## Client/Patient Information

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

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

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

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

*(I understand that by providing my email address I may receive occasional messages, updates, and important information.)*

Ph #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ph #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ph #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Driver License # \_\_\_\_\_ State (\_\_\_\_) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

	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 \_\_\_\_\_

Or how did you find us? *(please circle one)*

Sign - Google Search - Angies List - Media - Friend - Other \_\_\_\_\_

If a friend recommended us, who can we send a thank you to for referring you to us?

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

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.

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