

Welcome to Our Clinic

1. Name of person who is the **OWNER OF THE PET(S)** and will be financially responsible for all fees:
(See #2 below for spouse information)

_____ (first) _____ (m.i.) _____ (last) _____ Date

Address: _____ City: _____ Zip: _____

Your Phone Residence _____ - _____ - _____ Work _____ - _____ - _____ Ext. _____
Numbers:

Cell Phone _____ - _____ - _____ Email: _____
(Email address is for the purpose of sending reminders, and will not be sold.)

Place of Employment: _____ City: _____

Is the owner a Senior Citizen (62 yrs. or older)? yes no

2. Name of: spouse significant other friend parent other _____
(please check one)

_____ (first) _____ (m.i.) _____ (last)

Place of Employment: _____ City: _____

Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Ext. _____

3. Please list names of any other persons that may be bringing your pets to the clinic:

4. How did you hear about our clinic? (check all that apply)

referred by friend/neighbor internet/website other _____
name: _____ yellow pages: (what book?) _____

5. Our services are provided on a cash basis. Payment is due when services are rendered.

Will you routinely be paying with: Cash Check MC/Visa/Discover Care Credit

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(Office Use)

Client Info: _____ Pet Info: _____

Addendum Sheet

Grooming___ Boarding___ Dog Park___ Chiropractic Care___ Client Survey___