



## CLIENT INFORMATION SHEET

### PRIMARY OWNER

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ STATE \_\_\_\_\_

### SPOUSE/CO-OWNER

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ TITLE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ STATE \_\_\_\_\_

### MAILING ADDRESS:

STREET ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### CONTACT INFORMATION:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

WHICH NUMBER IS THE BEST WAY TO CONTACT YOU? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WHO ELSE IS AUTHORIZED TO MAKE DECISIONS (child/neighbor/pet sitter, etc.)? \_\_\_\_\_

Name				
Cat or Dog?				
Breed				
Description/color				
Age				
Sex • Spay/Neutered?	M / F • Y / N	M / F • Y / N	M / F • Y / N	M / F • Y / N
Length of Time Owned				
Vaccinations Up to Date?				
Current Medications				
Special Diet				
Prior Illness/Accidents				
Prior Surgery/Dentistry				

### How did you become aware of our clinic?

☐ Personal Referral? \_\_\_\_\_ ☐ Yellow pages ☐ Drove by ☐ Previous client (CriticCroft)

☐ Website - noahpetclinic.com ☐ Facebook ☐ Other \_\_\_\_\_

**EMERGENCY TREATMENT – In the event of an emergency, do you authorize treatment of your pet(s) if every attempt made to contact you was unsuccessful?**      **Yes**      **NO**      **Initials** \_\_\_\_\_

I, the undersigned, and owner or authorized agent of the listed pet(s), do hereby authorize NOAH Pet Clinic to perform such examinations, diagnostic tests and treatments as necessary. 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 this financial obligation. Failure to pay bills on time may result in billing, finance charges and/or costs of any collection fee incurred. I verify that all the information provided is accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_