

CLIENT INFORMATION FORM

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____

Spouse/Other Cell _____ Driver's License # _____

Employer's Name & Telephone # _____

Spouse's Employer & Telephone # _____

Email Address _____

HOW WERE YOU REFERRED TO US? (if one of our clients referred you, please give their name, so we may thank them.) _____

PET INFORMATION

(If you're an existing client, please add any new pets)

Name _____	Name _____	Name _____	Name _____
Canine/Feline/Other _____	Canine/Feline/Other _____	Canine/Feline/Other _____	Canine/Feline/Other _____
Breed _____	Breed _____	Breed _____	Breed _____
Color _____	Color _____	Color _____	Color _____
Sex: M F Neutered Spayed	Sex: M F Neutered Spayed	Sex: M F Neutered Spayed	Sex: M F Neutered Spayed
Date of Birth/Age _____	Date of Birth/Age _____	Date of Birth/Age _____	Date of Birth/Age _____

I give permission to release only **VACCINE RECORDS** to boarding and grooming facilities if requested.

Please initial _____

We love to update our Facebook with cute pictures and news of our patients, if you **DO NOT** want us to take pictures of your pet(s) during your appointment please check here _____ to **DECLINE**. Please note that if you do allow us to upload pictures, they are picked at random and do not take place at every appointment.

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

For your convenience we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, CARE CREDIT, PERSONAL CHECK (with proper identification) and CASH.

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required.

SIGNATURE OWNER/AGENT _____ DATE _____

THANK YOU FOR CHOOSING TENDER LOVING CARE ANIMAL HOSPITAL. WE TRULY APPRECIATE THE PRIVILEGE OF CARING FOR YOUR PET'S NEEDS.