

Client/Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

PLEASE FILL OUT ALL INFORMATION

CLIENT INFORMATION				
Last Name	First Name		M.I	
Address	City		Zi	р
		* Email		
Spouse/Co-Owner's Name	C	ell Ph	Wk Pl	h
Email				
Emergency Ph	(frie	nd or relative in ca	ise you are out	t of town)
How did you hear about us:				
Friend referral, who can we th	ank? Name			
Do you have records at our Ma	ay Northridge Locati	on? (circle) YES	/ NO	
PATIENT INFORMATION	FEES ARE DUE AT	THRIE OF SERVE	<u>CL</u>	
Pet's Name	Speci	es (Please circle)>	Canine	Feline
Breed				
Sex (please circle) Male Intact				
Any previous serious illnesses	or surgeries?			
Any allergies to vaccinations o	r medications?			
Is your Pet on any special diets	or medications?			
To prevent the spread of inf	ectious diseases and	parasite, hospital	ized and board	ded animals
must be current on all vaccin	ations and free of in	ternal and externa	ıl parasites. I a	uthorize the

doctor to provide vaccines and parasite control as needed for my pet.

Scheduling an appointment guarantees the Doctor will see your Pet.	We always welcome walk-
ins however will only be see if time permits	5.

We kindly request that if you are not able to make an appointment or your scheduled boarding reservation that you cancel 24 to 48 hours before scheduled time. All no shows will have a \$25.00 fee added to your account.

Professional and boarding fees are due at **time of service**. Weekend pick up from boarding will need to be pre-paid at time of scheduling. In the event an account is turned over for collection, the owner or person responsible for the account agrees to pay the attorney's fee, court costs and any other costs of collections.

Signature	Date