



4732 South Highland Drive SLC, UT 84117
(801) 272-5557 Fax: (801) 272-9836
Email: holladayvet@nvanet.com

CLIENT INFORMATION SHEET

Owner Information

Owner's Name: _____
Owner's Address: _____
City, State: _____ Zip: _____
Preferred Phone: () _____ Cell__ Home__ Work__ Other__
Secondary Phone: () _____ Cell__ Home__ Work__ Other__
Would you like to receive health & appointment reminders via TEXT? _____ Yes _____ No
Email: _____ DOB: _____
Preferred Method of Contact: _____

Co-Owner Information

Co-Owner's Name: _____
Co-Owner's Address: _____
City, State: _____ Zip: _____
Preferred Phone: () _____ Cell__ Home__ Work__ Other__
Secondary Phone: () _____ Cell__ Home__ Work__ Other__

- How did you hear about us? _____
- I give permission to Holladay Veterinary Hospital to share pictures and stories of me and my pet(s) on their website and in social media. Yes _____ No _____

Financial Policy – please read and sign

- Full payment is due at the time of service/discharge.
- We accept cash, Visa, MasterCard, Discover, American Express, Care Credit and debit cards
- For pets brought in by unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been pre-authorized and arranged with our staff.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance
- Please give us **24 hours notice of cancellation** of your appointment so we may offer the time to another client. If you do not show for a scheduled appointment, a \$57 fee will be charged to your account. This will need to be paid when you schedule your next appointment.

I have read, understand and agree to the above Financial Policy

Owner/Responsible Party _____ Date: _____

Co-Owner/Responsible Party _____ Date: _____



PATIENT INFORMATION



🐾 Patient #1

Species: Dog ___ Cat ___

Name: _____ Nickname(s): _____

Breed: _____ Color: _____

Birth Date or Approximate Age: _____

Sex: _____ Female Is she spayed? Yes ___ No ___

_____ Male Is he neutered? Yes ___ No ___

Previous and/or Existing Medical

Problem: _____

Previous Veterinarian: _____

🐾 Patient #2

Species: Dog ___ Cat ___

Name: _____ Nickname(s): _____

Breed: _____ Color: _____

Birth Date or Approximate Age: _____

Sex: _____ Female Is she spayed? Yes ___ No ___

_____ Male Is he neutered? Yes ___ No ___

Previous and/or Existing Medical

Problem: _____

Previous Veterinarian: _____

🐾 Patient #3

Species: Dog ___ Cat ___

Name: _____ Nickname(s): _____

Breed: _____ Color: _____

Birth Date or Approximate Age: _____

Sex: _____ Female Is she spayed? Yes ___ No ___

_____ Male Is he neutered? Yes ___ No ___

Previous and/or Existing Medical

Problem: _____

Previous Veterinarian: _____