

CLIENT #:

Entered by:

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**TENDER TOUCH ANIMAL HOSPITAL**  
**CLIENT INFORMATION**

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Significant Other's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number ( ) \_\_\_\_\_

Secondary contact number ( ) \_\_\_\_\_

Would you like text communication? Yes or No Phone #( ) \_\_\_\_\_

How would you like to be contacted for updates and patient reminders?      Email      Postal Mail      Text

Occupation: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Email: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Which of the following do you prefer?

\_\_\_\_\_ In-depth explanations

\_\_\_\_\_ A synopsis of what is going on and veterinarian's recommendations

\_\_\_\_\_ Just tell me what should be done and how much it is going to cost

**Pet's Information**

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns:

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_

Please list all major illnesses, previous surgeries, medications and concerns:

Thank you for choosing Tender Touch Animal Hospital to care for your pet(s). Please let us know what we can do to serve you in a manner that exceeds your expectations. All services are provided with the understanding that payment will be made when the animal is discharged. We accept cash, checks, care credit and all major credit cards. Returned checks are subject to a \$25.00 fee. All unpaid accounts are subject to all court, collection and legal fees incurred during collection. Please sign below to acknowledge that you have read this policy. Thank you.

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Owner/Agent Signature

Date