



## Client Information Form

Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Is there someone we can thank? \_\_\_\_\_ You will both receive a \$25 credit for the referral!

We may send you a medical report after a visit or procedure. If your pet is staying with us we may send updates/photos.

What is your preferred method of communication? Phone \_\_\_\_\_ Text Message \_\_\_\_\_ Email \_\_\_\_\_ Paper Mail \_\_\_\_\_

Preferred Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Do we have permission to take and/or use photographs or short videos of your pet? We will only use photos/videos for educational purposes, illustration, advertising, social media or IAH website use. Yes  No

What form of social media do you use? (Choose all that apply)

Facebook \_\_\_\_\_ Instagram \_\_\_\_\_ Pinterest \_\_\_\_\_ Twitter \_\_\_\_\_ Other (list) \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Species (cat, dog, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Weight \_\_\_\_\_ Male  Female

Spayed/Neutered? Yes  No  Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications? Yes  No  If yes, please describe the reaction:

\_\_\_\_\_

List any major illnesses/surgeries your pet has had \_\_\_\_\_

\_\_\_\_\_

List any behavior problems we need to be aware of \_\_\_\_\_

List any foods and treats that you give your pet \_\_\_\_\_

Payment is required at the time of service. For your convenience, we accept MasterCard, Visa, American Express, Discover, Care Credit, cash, or check (with a valid driver's license).

Signature \_\_\_\_\_ Date \_\_\_\_\_