



CLIENT INFORMATION FORM

Today's date: ____/____/____

Client

First name: _____ MI: _____ Last name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home phone: (____) _____ Cell: (____) _____ Email: _____
Employer: _____ Employer Ph #: _____

Co-Client / Spouse

First name: _____ MI: _____ Last name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home phone: (____) _____ Cell: (____) _____ Email: _____
Employer: _____ Employer Ph #: _____

Pet 1 Information

Name: _____ Age/Birthday: _____
Species (cat, dog, horse, etc.) _____ Breed: _____ Color: _____
Sex: Male [] Female [] Spayed/neutered? Yes [] No [] Date of Last Vaccination _____
Current medications pet is taking and or known allergies _____

Pet 2 Information

Name: _____ Age/Birthday: _____
Species (cat, dog, horse, etc.) _____ Breed _____ Color _____
Sex: Male [] Female [] Spayed/neutered? Yes [] No [] Date of Last Vaccination _____
Current medications pet is taking and or known allergies _____

How did you find out about us?

Internet Search [] Social Media [] Phone Book [] Referred [] if so, by who? _____

Payment Terms

Payment is required at the time of service. We accept Mastercard, Visa, American Express, Discover, cash, or check.
If paying by check we require your SSN: _____ Driver's License # _____ DOB: _____

AUTHORIZATION

I hereby authorize Brandon Valley Veterinary Clinic, P.C. and its employees to examine, prescribe for, or treat the above-described pet. I assume responsibility for charges incurred in the care of the animal. I understand that fees are due at the time of service.

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.

SIGNATURE OF RESPONSIBLE PARTY

Please sign your name as the person responsible for this animal and the information provided in this form.

THANK YOU