



ANIMAL CARE CLINIC

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PATIENT-CLIENT INFORMATION SHEET

PATIENT INFORMATION

Name _____ Breed _____ Age _____ Color _____ M/F dog/cat/other

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Is your pet currently on a special diet or medication? _____

List any previous problems that we should know about. _____

List any known drug allergies. _____

CLIENT INFORMATION

OWNER _____
last first initial

SPOUSE/CO-OWNER _____
last first initial

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

PLACE OF EMPLOYMENT _____ WORK# _____

SPOUSE/CO-OWNER PLACE OF EMPLOYMENT _____ WORK# _____

PAYMENT POLICY

ALL FEES ARE DUE UPON RELEASE OF THE PATIENT USING ONE OF THESE METHODS OF PAYMENT: CASH, CHECK, VISA, MASTER CARD, DISCOVER, AND AMERICAN EXPRESS.

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET!