

Opossum Pike Veterinary Clinic
Client Information Sheet

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet. Please print and use your best handwriting.

Date	Name	Drivers License # and State Issued In
Mailing Address		City, State, Zip Code
Physical Address = (if different from mailing address)		City, State, Zip Code
Primary Phone #	Landline [] or Cell []	Name & Address of Employment
Secondary Phone #		Work Phone #
Name of Spouse [] or Other [] you would like on the record.		Spouse/Other Primary Contact Phone #
Is this person allowed to receive information and make decisions in the care of your pet? Yes [] or No []		
E-Mail Address (To receive reminders & important information. Used only within our clinics.)		
May we take photos of your pet(s) to use in our website, newsletters & client education brochures? Yes, photos of me and my pet []; Yes, photos of my pets only []; No photos allowed []		

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

If you cannot pay today, please see the receptionist. She will reschedule your appointment for a later date. A written estimate can be prepared for you at this time.

<p align="center">Method of Payment Today</p> <input type="checkbox"/> Check (You will need a photo ID) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card: MC Visa Discover AmerEx <input type="checkbox"/> CareCredit: For invoices exceeding \$200 (You will need two forms of ID = a government issued photo ID and a CareCredit card or other acceptable credit card)	<p>How did you first hear of our hospital?</p> <input type="checkbox"/> Individual Someone we may thank? <input type="checkbox"/> Hospital sign <input type="checkbox"/> Internet search <input type="checkbox"/> Other: _____
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ABOUT YOUR PETS

Pet Name	Breed	Date of Birth or Age
Color/Markings	Sex	Neutered? YES NO
Previous Veterinarian		
Pet Name	Breed	Date of Birth or Age
Color/Markings	Sex	Neutered? YES NO
Previous Veterinarian		

Client Signature _____

Office Use Only: Staff Verification Computer _____ Date _____
Staff Verification Record _____ Date _____