

**Opossum Pike Veterinary Clinic**  
Client Information Sheet

**Thank you for giving us the opportunity to care for your pet!**

Date	Name	Drivers License # and State
Name of Spouse [ ] or Other [ ] you would like on the record.		Spouse/Other Primary Contact Phone #
Mailing Address		City, State, Zip Code
Physical Address = (if different from mailing address)		City, State, Zip Code
Primary Phone #	Landline [ ] or Cell [ ]	
Secondary Phone #	Landline [ ] or Cell [ ]	Work Phone #
E-Mail Address (To receive reminders & important information )		
How do you prefer to be contacted: Email [ ] or Text [ ]		
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.**

We accept the following forms of payment: cash, check (with photo id), Debit/Credit Cards -Mastercard, Visa, American Express, Discover, Care Credit (Drivers License needed), Scratch Pay

How did you first hear of our hospital?

Individual [ ] Someone we may thank? \_\_\_\_\_

Facebook [ ] Sign [ ] Internet Search [ ] Other [ ]

**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 _____