



## PATIENT / CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete both sides of this information sheet.

Owners name \_\_\_\_\_  
Address \_\_\_\_\_ Spouse / Other \_\_\_\_\_  
City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

At what time and at what phone number is best to call about your pet?  
TIME \_\_\_\_\_ PHONE \_\_\_\_\_

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** If you plan to pay by check, please complete the following:

Drivers License number \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_

How did you first hear about our hospital?

Referral from:

Individual   
Groomer   
Boarding kennel

Yellow Pages   
Hospital Sign   
Other

Someone we may thank? \_\_\_\_\_

For your safety and your pet's health, the ANIMAL MEDICAL CLINIC of ST CHARLES requires that all patients needing hospitalization be current on all vaccinations and free of internal and external parasites. We will notify you prior to hospitalization if any treatment is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

