



## CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

OWNER INFORMATION Date \_\_\_\_\_  
Name \_\_\_\_\_ Spouse's name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Spouse's Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ Best time to reach you \_\_\_\_\_  
E-mail address \_\_\_\_\_

**All fees are due at the time services are rendered. We do not bill for services or offer payment plans. We will gladly prepare an estimate prior to any treatment.**

Form of Payments accepted: *Cash/Debit Visa MasterCard Discover American Express Care Credit*  
How did you become aware of our clinic? Drove By \_\_\_ Social Media \_\_\_ Other \_\_\_\_\_  
Personal Recommendation (whom may we thank?) \_\_\_\_\_  
Are you okay with your pet being photographed & possibly put on Social Media? Yes or No

	Pet #1	Pet #2	Pet #3
<b>Name</b>			
<b>Breed</b>			
<b>Date of Birth/Age</b>			
<b>Sex: Spayed/Neutered</b>			
<b>Color</b>			

Who can we call for records? \_\_\_\_\_  
Any previous serious illnesses or surgeries? \_\_\_\_\_  
Any allergies to vaccinations or medications? \_\_\_\_\_  
Is your pet on any special diet or medications? \_\_\_\_\_

I understand every effort will be made to achieve a successful outcome and to provide for all safety in hospital care and handling. I hereby authorize Trinity Pet Hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) as indicated. Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please note:

- **Appointments are made 2 weeks in advance and we offer urgent care visits at an additional cost of \$40.00**

- **We charge a \$50 fee for No Call/No Show appointments that must be paid at the time of scheduling a new appointment**