

CLIENT INFORMATION



Primary Owner

First Name _____ Last Name _____

Address _____ City _____ State _____

Zip _____ County _____ Phone (Daytime) _____ Home/Mobile/Work (Circle)

Employer _____ Phone (Evening) _____ Home/Mobile/Work (Circle)

Driver's License Number _____ Social Security Number _____ - _____ - _____

E-mail Address

Office Use Only: Date _____ Initials _____

Fill in your e-mail address if you would like to receive reminders, health alerts, and periodic bulletins from Greenhaven Animal Clinic. We will not give out your e-mail address.

Spouse/ Co-Owner

First Name _____ Last Name _____

Employer _____ Phone (Daytime) _____ Home/Mobile/Work (Circle)

Phone (Evening) _____ Home/Mobile/Work (Circle)

Emergency Contact Information

First Name _____ Last Name _____

Phone (Daytime) _____ Home/Mobile/Work (Circle)

Please let us know how you heard about Greenhaven Animal Clinic

- Individual. Someone we may thank? _____
- Yellow Pages Location
- Facebook / Pinterest Pet Store / Humane Society
- Website / Internet Other Veterinarian

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney fees incurred in the collection process. There is a \$35 fee for returned checks.

Unless directed otherwise, Greenhaven Animal Clinic, its representatives and employees reserve the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for the purpose of publicity, illustration, advertising and Web content.

Print Name _____ Signature _____ Date _____

Pet's Name: _____
 Date of Birth or Age: _____
 Species: Dog Cat Other _____
 Breed: _____
 Sex: Male (neutered? yes no)
 Female (spayed? yes no)
 Color / Markings: _____
 Vaccinations were given last by (clinic name):
 _____ Date: _____
 Allergies or Long-term Medical Problems:

List Any Additional Pets in the Household:

Office Use Only: Initials _____ Date _____