



**Client Information Sheet**

Thank you for giving us the opportunity to care for you pet. We'll be happy to answer any questions that you may have about your pet's health. So that we may become better acquainted, please complete the following information:

Name:							
Address:							
City:		State:		Zip		County	
Home Phone:		Cell:		Work:			
What is the best time to reach you?				Preferred number:			
Occupation:				Employer:			
Spouse Name:				Spouse Phone:			
Emergency Contact Name:							
Emergency Contact Number:							
How did you learn of our practice? (if personal recommendation, whom may we thank?)							
<input type="checkbox"/> Sign		<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Internet		<input type="checkbox"/> Other:	

I authorize Midland Animal Hospital to use my email address for purposes of email reminders and pet health information.

Yes       No

Email Address:

Your address will not be transferred, sold, or shared with a third party.

To prevent the spread of infectious disease and parasites, all surgical, hospitalized, and boarded pets must be current on vaccines and free from internal and external parasites. Vaccine and parasite control will be provided by the doctor as needed at the cost of the owner.

By signing, I understand that I am financially responsible for all charges incurred from medical treatment at this facility. I also understand that all professional fees are due at the time services are rendered. Please ask the receptionists, technicians, or doctor if you would like a written estimate.

Signature of Owner:

Date: 02/25/2016