

Helping Hands Veterinary Clinic Client Information

Thank you for giving us the opportunity to care for your pet(s). Please fill out the following information so that we may become more familiar with you and your pet(s).

CLIENT INFORMATION

Name _____ Co-Owners Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Date Of Birth _____ Preferred Method of Contact _____
 E-mail _____ Previous Clinic _____

How were you referred to our clinic? _____

PATIENT INFORMATION

	PET #1	PET #2	Pet #3
NAME			
BREED			
DATE OF BIRTH or ESTIMATED AGE			
COLOR			
SEX (ALTERED?)			
ALLERGIES			
SERIOUS ILLNESS OR SURGERIES			
SPECIAL DIET OR MEDICATION			

All charges are the sole responsibility of the owner of the pet(s) treated. All procedures **MUST BE PAID** before services are rendered with the exception of certain surgeries, same day treatments, ultrasounds, and x-rays. We accept cash & all major credit cards as well as Care Credit (With State Issued ID or License).

WE DO NOT ACCEPT CHECKS or PAYMENT PLANS.

By initialing you are authorizing that your pet(s) medical records may be sent to another clinic if requested, unless otherwise stated in writing _____

We often take pictures of our patients and post stories on our Facebook. Do you authorize use of pictures and stories of your pet for this purpose only? Yes _____ No _____

We enforce a cancellation policy. All cancellations / no shows within 24 hours of scheduled surgery or exam will be charged as followed: Surgeries \$75.00 Exams \$25.00

Owner Signature _____ Date _____