

# WELCOME



## Client Information Sheet

Date \_\_\_\_\_

Client Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

CoOwner(s): \_\_\_\_\_

Other Family Members: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ (Call First) Secondary (\_\_\_\_) \_\_\_\_\_

Work: (Optional) (\_\_\_\_) \_\_\_\_\_ Alternate: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send reminders via Email

How did you hear about us? \_\_\_\_\_

### Animal Information

Pet Name	Birthday	Breed	Color	Sex/Altered

**Please Note:** We do not accept checks from First Time Clients

**Payment is due at the time of service**

*A monthly service fee of 18% will be charged on accounts after 30 days*

*California Law, The Department of Animal Control and WRVH require all patients to be current on their Rabies Vaccination*

Signature: \_\_\_\_\_

**I have read and understand above policies**