

CLIENT INFORMATION SHEET

KOTHMANN PET HOSPITAL

Thank you for giving us this opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Date: _____
Owner's Name: _____ Spouse/Other: _____
Children (first name & ages): _____
Address _____ State/Prov _____ Zip/PC _____
Home Telephone: _____ Work Telephone: _____
Cell Phone Number: _____ Email address: _____
Employer's Name & Address: _____
Spouse's/Other's Employer & Address: _____

At what time _____ and at what phone number _____ is it best to call about your pet?

Please ask the receptionist or doctor for a written estimate. Professional fees are due at the time services are rendered.

How did you first hear of our hospital? _____

Individual: someone we may thank? _____

Yellow Pages Website/ Internet AAHA referral Hospital sign Other: _____

We consider our pet(s) Part of the family Just as pets

Please add my name to your mailing list. Please add my name to your email list.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature

Pet Information:

Name	Species	Breed	Markings	Sex	Spayed/ Neutered?	Birthday