



CLIENT INFORMATION FORM

OWNER INFORMATION

Last Name: _____ First: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Email address: _____

(***Email addresses will not be used by anyone other than Miller-Clark Animal Hospital**)

Other persons authorized to make decisions on pet's behalf:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

PATIENT INFORMATION

Pet Name: _____ Canine/Feline M/F Spayed/Neutered?

Breed: _____ Color: _____ Age: _____

Microchipped? Yes/No Which pet insurance do you have? _____

Significant medical history: _____

Current medications and doses: _____

Reason for Visit: _____

Referred By: _____

I give my consent for photos of my pet to be used online and/or in print by Miller-Clark Animal Hospital: Yes No

I understand that payment is due at the time of service unless other arrangements have been made in advance.

Signature: _____ Date: _____