



## Client / Patient Information

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

Co-Owner/ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Employer/occupation \_\_\_\_\_ Spouse's occupation/employer: \_\_\_\_\_

Military?  Senior Citizen?

**Contact Information:**

Primary Phone: \_\_\_\_\_ Home / Cell

Secondary Phone: \_\_\_\_\_ Home / Cell

Work Phone: \_\_\_\_\_

Preferred E-mail (for reminders): \_\_\_\_\_

**Preferred Vet:** Dr. Mintzas  
Dr. Pedroza  
Dr. Rogers  
Dr. Malmquist

**Were you referred?** Yes  No

By whom: \_\_\_\_\_

### Patient (Pet) Information

	Pet # 1	Pet # 2	Pet #3	Pet #4	Pet # 5
<b>Name</b>					
<b>Age or Date of Birth</b>					
<b>Breed</b>					
<b>Color</b>					
<b>Sex (Spay or Neuter)</b>					
<b>Special Characteristics</b>					

Previous veterinarian? \_\_\_\_\_ May we call for records? Yes  No

#### Photo Release

Within the context of promoting our business and educating the public, we sometimes use images or videos of pets. Do you wish for your pet to participate on Social Media sites? Yes  No

#### Payment Policy

We accept cash, credit card, or check. Payment is due at the time services are rendered. We will gladly prepare a written estimate prior to the treatment of your pet, if desired.

I hereby understand that I am financially responsible for the care and treatment of my pet(s).

**Signature of pet owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**On behalf of our team, welcome to the True Companion family!**