



PATIENT & CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet. You and your pet are our highest priority. We value your devotion to their health and well-being.

In order that we may better serve you, please complete the following:

Client Name: _____ Spouse/Other Caregiver : _____

Client Dr. Lic #: _____ DOB : _____

Full Address (Street, Apt#, City, State, Zip Code): _____

Primary Phone#: _____ (Cell, Home, Work?) Second Phone#: _____ (Cell, Home, Work?)

Spouse Primary Phone# _____ (Cell, Home, Work?) Spouse Second Phone# _____ (Cell, Home, Work?)

Email Address: _____ Spouse Email Address: _____

(This is so you can receive copies of your pet's lab work, report cards, reminders, and occasional informational emails.)

Pet's Name _____ Breed _____

Male / Female Neutered / Spayed _____ Birth Date or Approx. Age _____ How long owned? _____

Color _____ Does your pet take any medications? _____

Does your pet have any allergies? _____ Does your pet have any allergies? _____

Additional Pet's Name: _____ Breed _____

Male / Female Neutered / Spayed _____ Birth Date or Approx. Age _____ How long owned? _____

Color _____ Does your pet take any medications? _____

Does your pet have any allergies? _____ Does your pet have any allergies? _____

Additional Pet's Name: _____ Breed _____

Male / Female Neutered / Spayed _____ Birth Date or Approx. Age _____ How long owned? _____

Color _____ Does your pet take any medications? _____

Does your pet have any allergies? _____ Does your pet have any allergies? _____

How did you hear about Palacios Veterinary Clinic?

Sign / Drive by _____ Web Site _____ Yellow Pages _____ Recommendation _____

Who may we thank? _____