



# CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

**Owner's Name:** \_\_\_\_\_ Spouse/Other Owner(s): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ State: \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **CellPhone#:** \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**In case of EMERGENCY, call** \_\_\_\_\_ **at phone #:** \_\_\_\_\_

**Professional fees are due at time services are rendered. Federal Law prohibits the sale of certain medications without physical exam or prescription. Your pet may be prescribed a controlled substance during the course of treatment; a copy of your driver's license or ID is requested.**

### **Driver's License /Identification Card**

*Some prescriptions require a Photo ID, so please submit a Photo ID to the receptionist so that we may have one on file*

**Preferred Method of Communication:**  Telephone  Email  Text Message  Other \_\_\_\_\_

**Do you carry Pet Insurance?**  Yes  No If YES, Which one? \_\_\_\_\_

How did you hear of our hospital?

Individual, someone we may thank? \_\_\_\_\_  Yellow Pages

Hospital Sign  Internet? Which site  Other? \_\_\_\_\_

Occasionally we take pictures of your pets, and we would like your permission to share them through our social media outlets (Facebook, Twitter, Pineterest, Google+, Instagram,

Youtube etc..) Do you give us that permission?  Yes  No

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Aloro Pet Clinic to receive, prescribe for, treat or perform surgery upon my pets. Furthermore, I agree to pay all fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_