



Client Information Sheet

Client Information

Last Name: _____ **First Name:** _____ **(Please Indicate Preferred #)**

Address: _____ **Zip:** _____ **Home Phone:** _____

City: _____ **State:** _____ **Work Phone:** _____

Email Address: _____ **(Email address required for contact)** **Cell Phone:** _____

Employer: _____ **(We also need a copy of your I.D.)** **Co-Owner Cell:** _____

Spouse/Co-Owner _____ **Driver's License # (required):** _____

Date of Birth (required): _____

How did you hear about our animal hospital?

If by a friend, we'd like to thank them by name: _____

If online, via social media, via advertising, please specify: _____

If by some other method, please specify: _____

Patient Information

Pet's Name: _____ **Birth date:** _____ **Age:** _____ **Sex:** M M/Neutered
 F F/Spayed

Breed: _____ **Color:** _____ **Species:** Cat Dog

Microchip #: _____ **Pet Insurance:** Yes No **Insurance Co.:** _____

Where has your pet previously been treated? _____

Does your pet have any previous medical problems? No Yes **When?** _____

Any allergies, vaccine reactions, or drug reactions? No Yes **When?** _____

Where does your pet live: Indoor only Both Indoor and Outdoor Outdoor Only

Other pets in the household: _____

Vaccines have been an essential part of our pet's preventative health care program for many years. The purpose of a vaccine is to stimulate the pet's immune system, which is an inherently inflammatory process. It is therefore typical for some joint or muscle soreness to occur, lethargy to be observed, or a mild fever to be present for a day or two following vaccine administration. These reactions are not serious and generally go unnoticed. In general, no special precautions need to be taken - the animal can eat, drink, and exercise normally.

Some pets can have a more severe allergic reaction to vaccines. An allergic reaction is a highly individual inflammatory response against specific proteins entering the body. These proteins can be pollens, dusts, foods, medications, or even vaccines. An allergic reaction to a vaccine might include hives, facial swelling, and nausea. More serious reactions include shock or even sudden death can occur.

_____ (client initials) I have read and understand the above vaccination information.

I understand professional fees are to be paid in full at the time services are rendered

(Clients carrying a balance are subject to an interest charge of 2.5% calculated monthly.)

I, the owner or authorizing agent of the patient described above, assume full financial responsibility for all charges regardless of the outcome of the patient's treatment.

Signature of Owner/Agent: _____ **Date:** _____



We invite you to participate in our online system. Features include:

- Confirm Appointments via Email
- Receive Appointment Reminders via Email
- Receive Upcoming/Overdue Treatments Info via Email
- Receive Text Message Appointment Reminders

Please Specify Your Contact Preference:

- Ezyvet Emails Opt in Opt Out (if you Opt Out, you won't receive emails with reminders of your pet's needed treatments)
- Ezyvet Text Messages Opt in Opt Out (if you Opt Out, you won't receive texts with info about your pet's upcoming appointments)

I agree to allow the Ezyvet system to contact me via cell phone and/or email address I have provided.

Signature: _____ Date: _____

Social Media Release:

I hereby grant Alicia Pet Care Center permission to post my pet's story, reason for visit and/or medical information or photo on social media (Instagram, Twitter, Facebook, Snapchat, TikTok).

- Opt In Opt Out

Do you or your pet have a social media account we can connect with? Leave username and which platform(s) here for us: _____

Monthly Newsletter Release:

I hereby grant Alicia Pet Care Center permission to contact me via email with their Monthly Newsletter which includes education for clients, medical success stories, seasonal information & exclusive discount opportunities.

- Opt In Opt Out

Signature: _____ Date: _____

Let's All Be Cool:

I understand that Alicia Pet Care Center is a healing environment and that disruptive behavior will not be tolerated. This includes, but is not limited to: outbursts or yelling, use of profanity, demeaning or disrespectful language, false accusations, threats or acts of violence. I understand that just as I expect empathy, patience, honesty and kindness, the team at the Hospital expects the same of me.

There is ZERO TOLERANCE for all forms of aggression and disruptive behavior. Such behavior will result in termination of the veterinary-client-patient relationship.

Signature: _____ Date: _____