



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:** _____

Spouse/Co-Owner Name: _____ **Co-Owner Cell:** _____

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

Client Date of Birth (required): _____ **(We also need a copy of your I.D.)**

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

Please Specify Your Contact Preference:

- **Emails** Opt in Opt Out **If you Opt Out, you won't receive any important reminders for your pet's necessary vaccines & treatments**
- **Text Messages** Opt in Opt Out **If you Opt Out, you won't receive texts with info about your pet's upcoming appointments or with updates about medications from our Pharmacy Department.**

I agree to allow Alicia Pet Care Center to contact me via cell phone and/or email address I have provided:

Signature: _____ Date: _____

Social Media Release:

Can we post your pet's image & visit reason on our social media? Check us out at @APCCvet on all platforms! We won't post ANY personal information; only your pet's first name.

- Yes. My pet is awesome and I love this connection! No thanks

We'd love to tag you. What's your username (if you want to be tagged in any posts): _____

If you have any requests regarding social media, please let us know: _____

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:

We have experienced clients raising their voices, using profanity and even being abusive toward our team. We have worked hard to create a healing environment. We have **no tolerance** for disruptive behavior. We are doing our best to create a positive partnership with you; we show up at our best and treat you with empathy and respect. Our focus is always on the care of your pet rather than the speed of our work. That is what we are committed to at APCC.

Here's what we expect from you: the same level of empathy, patience and kindness that you expect from us.

As a pet parent, I'm committed to: showing up at my best to help form and maintain a strong partnership; treating everyone with respect as I communicate with your healthcare team; doing my part regarding the mutual trust required for my furry family member to get the best care they deserve:

Signature: _____ Date: _____