

# Granada Animal Hospital

## Client Information Sheet

Owner's Name \_\_\_\_\_

Current address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_ 2<sup>nd</sup> email \_\_\_\_\_

Spouse/co-owner name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse employer \_\_\_\_\_ Work phone \_\_\_\_\_

Other emergency contact information (name/phone) \_\_\_\_\_

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### Pet information:

Pet's name	Date of Birth	Sex	Breed	Color
1. _____	___/___/___	M/N --- F/S	_____	_____
2. _____	___/___/___	M/N --- F/S	_____	_____
3. _____	___/___/___	M/N --- F/S	_____	_____
4. _____	___/___/___	M/N --- F/S	_____	_____
5. _____	___/___/___	M/N --- F/S	_____	_____

Previous veterinarian: \_\_\_\_\_

May we contact them for records: \_\_\_\_\_ yes \_\_\_\_\_ no Phone number \_\_\_\_\_

**How did you hear about our clinic?** \_\_\_\_\_

Any other information you would like us to have? \_\_\_\_\_

**\*\*PLEASE SIGN AND DATE\*\***

I understand that payment in full is expected when services are rendered. I will assume full financial responsibility for all charges incurred on my pet's behalf today and on all future visits.

Date: \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

Record updates (include month/year and initials) **\*\*office use only\*\***

10/16

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )