

Fall Creek Place Animal Clinic

Client Information Form

Name: _____ Spouse/Partner: _____

Address: _____ Apt: _____

City, State, Zip Code: _____

Driver's license number and state: _____ Exp: _____

Home phone: _____ Cell phone: _____

Work phone: _____ May we text you? Yes No

Spouse/Partner phone number: _____

Email address: _____

(Email is how you will receive reminders for patients as well as promotional info/news about clinic) Do Not Send

May we use your pet's name and/or photo in our social media, blog posts, and/or advertising? Yes No

How did you hear about us? _____

(Entering a name for referral may result in a referral bonus if person listed is current client)

Name of pet: _____ Species (circle) Dog or Cat

Breed: _____ Spayed/Neutered? Yes or No Male or Female

Birth date: _____ or age: _____

Color: _____ Microchipped? Yes or No

Previous Veterinarian/Clinic: _____

Name of pet: _____ Species (circle) Dog or Cat

Breed: _____ Spayed/Neutered? Yes or No Male or Female

Birth date: _____ or age: _____

Color: _____ Microchipped? Yes or No

Previous Veterinarian/Clinic: _____

Name of pet: _____ Species (circle) Dog or Cat

Breed: _____ Spayed/Neutered? Yes or No Male or Female

Birth date: _____ or age: _____

Color: _____ Microchipped? Yes or No

Previous Veterinarian/Clinic: _____

By signing below, I understand that payment is due at time of service. Cash, check, and credit card are accepted forms of payment. All returned checks are subject to a \$27.50 NSF fee. I understand Fall Creek Place Animal Clinic will utilize the Marion County Bad Check Program to prosecute bad check writers to the fullest extent of the law. I assume responsibility for all charges incurred in the care of my pet(s).

Owner/Responsible Party

Date

For office use: Welcome card sent Entered Scanned Attached