

Client Information Sheet

Thank you for giving us the opportunity to care for the pets you love! Please help us meet your needs better by taking a moment to complete the following information.

Owner's Name _____ Spouse/Other _____

Address _____

Primary Phone # _____ Name _____ Circle: Cell / Home

Secondary Phone # _____ Name _____ Circle: Cell / Home

Driver's License # _____

Employer's Name _____

Email Address _____ Decline Email ()

How did you hear about us?

Phone Book () Location () Returning Client () Internet () Referral ()

If referred by a client, who may we thank? _____

Authorization to Release Veterinary Records

in accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization or other form of waiver executed by the client or an appropriate court order or subpoena is required in order for Crestwood Animal Hospital to produce copies of your pet's medical records. Medical records released shall not contain any financial information of the owner. Only medical treatment records shall be released.

Please list all of your pets

Pet Name _____ Breed _____

Pet Name _____ Breed _____

Pet Name _____ Breed _____

I give permission for my pet's picture to be used on CAH's social media ____ Yes ____ No

I certify that I am the sole and rightful owner of the patient or that I am acting as a legal agent for the owner.

I understand that full payment is due at the time service is rendered.

Signature _____ Date _____