

# Client / Pet Information Sheet



Date of first visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Number: \_\_\_\_\_

Primary Owner Name: \_\_\_\_\_  
Last Name First Name MI

Secondary Owner Name: \_\_\_\_\_  
(if applicable) Last Name First Name MI

Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number 1: \_\_\_\_\_ Type: \_\_\_\_\_ May we text message you?  Yes  No

Phone Number 2: \_\_\_\_\_ Type: \_\_\_\_\_ May we text message you?  Yes  No

Email: \_\_\_\_\_ May we contact you via email?  Yes  No

Preferred method(s) of contact:  Phone Call  Text Message  Email

I give The Paw Patch permission to use images of my pet(s) on their social media site(s).  Yes  No

Referred By:  Yellow Pages  Hospital Sign  Website: \_\_\_\_\_  
 Client: \_\_\_\_\_  Veterinarian: \_\_\_\_\_  Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Canine  Feline Sex:  M  F  Spayed/Neutered DOB: \_\_/\_\_/\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Canine  Feline Sex:  M  F  Spayed/Neutered DOB: \_\_/\_\_/\_\_

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**Pet Restraint Policy:** I agree to hold harmless The Paw Patch should I be injured by my pet while in the care of The Paw Patch. I understand that The Paw Patch employs staff who are trained in humane animal restraint and I authorize The Paw Patch to restrain my pet.  
I have read and understand the Restraint Policy. **Signature:** \_\_\_\_\_

## Authorization for Treatment

I hereby authorize The Paw Patch to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. **By signing, I attest that I am over the age of 18 years and that I am the legal owner of the above listed pet(s).** I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before proceeding with treatment (if time permits). I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that all fees for professional services are to be paid in full at the time services are rendered. A deposit may be required on all pets admitted to the hospital. I understand that I am responsible for all collection fees, bank charges, court costs and attorney fees should I default on any method of payment to The Paw Patch.** Further information relating to payments and financing can be found in the Financial Policy. In addition to the Financial Policy, I understand that The Paw Patch has policies pertaining to Appointments, Privacy and Social Media and that I will have a chance to review them individually.

\_\_\_\_\_  
Signature of Owner, Agent

\_\_\_\_\_  
Signature of Secondary Owner (if applicable)

Please Indicate Your Method(s) of Payment: Cash Check Visa MC AmEx Discover Care Credit Vetbilling