

YOSEMITE PET HOSPITAL

CLIENT INFORMATION SHEET

PRIMARY OWNER INFORMATION

First Name	M	Last Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
Street address			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
City	State	ZIP		
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Fax			
Other Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Fax			
Email				
Date of Birth (Required by DEA)				
Driver's License #	State	Exp.		
How did you hear about us?	<input type="checkbox"/> Internet <input type="checkbox"/> Website <input type="checkbox"/> Close to home/work <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Facebook			
If referred by someone, whom may we thank for the referral?				
How would you prefer to be contacted for reminders and newsletters?	<input type="checkbox"/> Email <input type="checkbox"/> Mail			
If texting becomes an available option in the future, would you like your pet's medical reminders sent to you by text?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Occasionally, our hospital shares cute patient images, informative cases for educational purposes only, and client feedback via Facebook & our website. All client personal information will remain anonymous. Please check the following opt out box if you prefer not to participate				<input type="checkbox"/> Opt Out

SECONDARY OWNER INFORMATION

First Name	M	Last Name		
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Fax			
Driver's License #	State	Exp.		

PET INFORMATION

Patient's Name	<input type="checkbox"/> Female <input type="checkbox"/> Female Spayed <input type="checkbox"/> Male <input type="checkbox"/> Male Neutered			
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Color		
Date of Birth / Age	Microchip #			
Previous Veterinarian	Did you bring records with you?			
Allergies / Chronic Medical Conditions / Surgeries				
Prescription Diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type?		
Any vaccine reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what vaccine?	What type of reaction?	

24 hr. notice required for any cancellation of appointment
 Failure to provide notice may result in a "no show" fee. Initials _____

**** Veterinary service during nighttime hours, some daytime hours, and/or weekends, is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.** Initials _____

Payment due at time of service.

We accept cash, personal checks, Visa, Mastercard, Amex, Discover, and Care Credit

X _____
Signature

X _____
Date

YOSEMITE PET HOSPITAL

ADDITIONAL PET INFORMATION		For office use only: Patient ID: _____	
Patient's Name		<input type="checkbox"/> Female <input type="checkbox"/> Female Spayed <input type="checkbox"/> Male <input type="checkbox"/> Male Neutered	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Color	
Date of Birth / Age		Microchip #	
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