

## NEW CLIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet!  
To insure the best care possible, please take the time to fill in this form completely.

### OWNER INFORMATION

Owner \_\_\_\_\_ SS# \_\_\_\_\_ or  
DL# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse \_\_\_\_\_ SS# or DL# \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you 65 years or older? W Yes T No

Are you a student or employee at OU? W Yes T No

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about our clinic? Yellow Pages  
Sign  
Website  
Recommendation By whom? \_\_\_\_\_  
Other \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required on certain procedures.

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_