

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 _____ 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? Yes No

Are you a student or employee at OU? Yes 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: _____