



Client / Patient Information

Owner Name: _____
 Co-Owner/ Spouse: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Employer/occupation _____ Spouse's occupation/employer: _____

Contact Information:

Primary Phone: _____ Home / Cell
 Secondary Phone: _____ Home / Cell
 Work Phone: _____

Preferred Vet: Dr. Mintzas
 Dr. Rogers

Preferred E-mail (for reminders): _____

Were you referred? Yes No

By whom: _____

Patient (Pet) Information

	Pet # 1	Pet # 2	Pet #3	Pet #4	Pet # 5
Name					
Age or Date of Birth					
Breed					
Color					
Sex (Spay or Neuter)					
Special Characteristics					

Previous veterinarian? _____ May we call for records? Yes No

Photo Release

Within the context of promoting our business and educating the public, we sometimes use images or videos of pets. Do you wish for your pet to participate on Social Media sites? Yes No

Payment Policy

We accept cash, credit card, or check. Payment is due at the time services are rendered. We will gladly prepare a written estimate prior to the treatment of your pet, if desired.

I hereby understand that I am financially responsible for the care and treatment of my pet(s).

Signature of pet owner _____

Date _____

On behalf of our team, welcome to the True Companion family!