

# Fountain Square Animal Clinic

## Client Information Form

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State, zip code: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_ Exp: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ May we text you? Yes No

Spouse/Partner phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

(Email is how you will receive reminders for patients as well as promotional info/news about clinic) Do Not Send

May we use your pet's name and/or photo in our social media, blog posts, and/or advertising? Yes No

How did you hear about us? \_\_\_\_\_

(Entering a name for referral may result in a referral bonus if person listed is current client)

Name of pet: \_\_\_\_\_ Species (circle) dog or cat

Breed: \_\_\_\_\_ Spayed/Neutered? Yes or no male or female

Birth date: \_\_\_\_\_ or age: \_\_\_\_\_

Color: \_\_\_\_\_ Microchipped? Yes or No

Previous Veterinarian/Clinic: \_\_\_\_\_

Name of pet: \_\_\_\_\_ Species (circle) dog or cat

Breed: \_\_\_\_\_ Spayed/Neutered? Yes or no male or female

Birth date: \_\_\_\_\_ or age: \_\_\_\_\_

Color: \_\_\_\_\_ Microchipped? Yes or No

Previous Veterinarian/Clinic: \_\_\_\_\_

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Breed: \_\_\_\_\_ Spayed/Neutered? Yes or no male or female

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Color: \_\_\_\_\_ Microchipped? Yes or No

Previous Veterinarian/Clinic: \_\_\_\_\_

By signing below, I understand that payment is due at time of service. Cash, check, and credit card are accepted forms of payment. All returned checks are subject to a \$27.50 NSF fee. I understand Fountain Square Animal Clinic will utilize the Marion County Bad Check Program to prosecute bad check writers to the fullest extent of the law. I assume responsibility for all charges incurred in the care of my pet(s).

\_\_\_\_\_  
Owner/Responsible Party

\_\_\_\_\_  
Date

For office use:  Welcome card sent  Entered  Scanned  Attached