



Client Information Update Sheet

Please take a moment to complete this form so that we can ensure that we have all of your *current* and accurate information. If you feel as though all personal information we have about you has recently been updated, please just sign and date the bottom line and hand this form back to one of our receptionists.

Thank you!

Owner or Responsible Party (First & Last Name) _____

Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Would you be interested in receiving reminders by E-mail? Yes No (please circle)

Employer's Name & Address _____

Which method is best to contact you about your pet?

Phone Number: **Home** **Work** **Cell** or by **E-mail Address** provided above (please circle)

EMERGENCY CONTACT

Name _____ Phone Number _____

I assume responsibility for all charges incurred in the care of the animal(s) I present today.
I also understand that all charges will be paid at the time that services are rendered and that a deposit may be required for surgical and/or emergency treatment.

Signature of Owner or Responsible Party

Date