



Pampered Pets Veterinary Clinic and Spa Client Information Sheet

Client Name: _____ Spouse's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spouse's Number: _____ Email: _____

Emergency Contact: _____ Number: _____

Place of Employment: _____ Work Number: _____

May we contact you at work? Y / N

How did you learn about Pampered Pets?

Pet(s) Information

Pet 1

Name: _____ **Male / Neutered / Female / Spayed**

Breed: _____

Birthday: _____ Color: _____

Has your pet had any serious illnesses, surgeries, or injuries that we should be aware of?

Previous / Current Veterinarian: _____

Pet 2

Name: _____ **Male / Neutered / Female / Spayed**

Breed: _____

Birthday: _____ Color: _____

Has your pet had any serious illnesses, surgeries, or injuries that we should be aware of?

Previous / Current Veterinarian: _____



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Pet 3

Name: _____ **Male / Neutered / Female / Spayed**

Breed: _____

Birthday: _____ Color: _____

Has your pet had any serious illnesses, surgeries, or injuries that we should be aware of?

Previous / Current Veterinarian: _____

Authorization

I understand that Pampered Pets Veterinary Clinic and Spa is not responsible for any accidental illness or injury incurred by my pet(s) while visiting Pampered Pets Veterinary Clinic and Spa. I also understand that for any other individual to bring my pet in for treatment I must give authorization. Parties must be over the age of 18.

Name of authorized individuals, over the age of 18, that may bring my pet(s) in for treatment:

_____, _____, _____

I authorize Pampered Pets Veterinary Clinic and Spa to use photos of my pet(s) for their

website or social media outlets: (Please Initial One) **Yes** _____ **No** _____

Signature

Date

