

# Acacia Pet Clinic

## Patient and Client Information Sheet

**Thank you for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following:  
(PLEASE PRINT LEGIBLY)**

Owner(s) \_\_\_\_\_ Spouse \_\_\_\_\_  
                     First                                      Last                                      First                                      Last

Address \_\_\_\_\_  
                     Street    City    Zip

Residence Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

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

How did you become aware of **Acacia Pet Clinic**?

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Hospital Sign \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Referral – Who may we thank? \_\_\_\_\_

Name

What prior illnesses should we know?  
 \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

**Dates vaccinated:** Spayed or neutered \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Parvo (dogs) \_\_\_\_\_ Leukemia (cats) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

**Dates vaccinated:** Spayed or neutered \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Parvo (dogs) \_\_\_\_\_ Leukemia (cats) \_\_\_\_\_

**PAYMENT POLICY:**

Full payment is required upon rendering of services. Deposits are required on major medical/surgical hospitalization.

PLEASE INDICATE YOUR CHOICE OF PAYMENT METHOD:

\_\_\_\_ Cash \_\_\_\_ Personal Check \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Amex \_\_\_\_ Care Credit

**WE DO NOT CARRY OPEN ACCOUNTS AND HOPE THE ABOVE SIX METHODS OF PAYMENT ARE CONVENIENT FOR YOU.**

I agree to pay any costs necessary for collection of any amount not paid when due.

\_\_\_\_\_  
 Signature of owner or authorized representative

\_\_\_\_\_  
 Date

**THANK YOU FOR BRINGING YOUR PET TO OUR CLINIC! WE HOPE THAT YOU ARE PLEASED WITH OUR SERVICES AND FACILITIES.**