

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.