

CLIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet(s).

Please complete the following information so that we may become better acquainted.

Responsible party must be at least 18 years of age.

RESPONSIBLE PARTY:

Date: _____

Name: _____ Spouse/Significant Other: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Spouse/Significant Other's Work Phone: _____

E-Mail Address: _____

Driver's License Number: _____ Expiration Date: _____

OR

Social Security Number: _____

Place of Employment: _____

Alternate person to contact in case of a pet emergency: _____

Phone: _____

How did you become aware of Hometown Veterinary Services?

Drive By__ Newspaper__ Yellow Pages__ Referral__ Facebook__ Internet__

Name of person who referred you: _____

How may we contact you? (check all that apply) **U.S.Mail**__ **Email**__ **Text**__ **Phone**__

FINANCIAL POLICY

Payment for services is DUE AT THE TIME OF SERVICES RENDERED. We accept **Cash, Checks, Visa, MasterCard, Discover, and Care Credit**. WE DO NOT DO ANY BILLING. Returned checks will be subject to a \$35.00 NSF Fee.

Please indicate preferred method of payment: __ cash __ check __ credit card

Signature: _____