

Client Information Form

COMPLETE Form in Full and Provide Valid Driver's License with Form

YOUR INFORMATION (OWNER):

TODAY'S

DATE: _____ Name: _____

Spouse's Name _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell: _____

Email Address: _____@_____

Place of Employment: _____ Work Phone: _____

We require all clients to provide a valid Government Issued Identification Card or Driver's License with this form for our records at check in.

Driver's License #: _____ Exp. Date: _____ Issuing State: _____

I prefer the following method of communication for all my appointment reminders, vaccine updates, etc. to be: **(CHOOSE ONE)**

Phone (____)____-____ Postal Mail (make sure above address is correct and complete)

Text (____)____-____ Email _____@_____

By signing below, I hereby give Vienna Veterinary Clinic ("VVC") permission to take photographs and/or videos of me and/or my pet for the purpose of posting on VVC's Facebook, Instagram, Twitter, and clinic website. I hereby release and discharge VVC from any and all claims arising out of use of the photos/videos. In signing this consent, I give authorization to use my name and my pet's name. I am 18 years of age or older.

Owner's Signature: _____ Date: _____

PATIENT(s) INFORMATION (PETS):

Pet #1 Name: _____ Breed: _____ Sex: M/F

Spayed/Neutered: Y/N Birthday/Age: _____ Color/Markings: _____

Pet #2 Name: _____ Breed: _____ Sex: M/F

Spayed/Neutered: Y/N Birthday/Age: _____ Color/Markings: _____

Pet #3 Name: _____ Breed: _____ Sex: M/F

Spayed/Neutered: Y/N Birthday/Age: _____ Color/Markings: _____

***PLEASE NOTE:** ALL FEE'S ARE DUE AT THE TIME SERVICES ARE RENDERED * 24-HOUR CANCELLATION NOTICE TO AVOID A CANCELLATION FEE * ANY PETS BROUGHT INTO THE CLINIC WITH FLEAS WILL BE TREATED AT OWNERS EXPENSE * WE REQUIRE A 36 HOUR ADVANCED NOTICE FOR ALL MEDICATION / PRESCRIPTION REFILL REQUESTS * Drop off Time for Surgery/Evaluation Patients 8:30 AM * Pick up Time for Surgery Patients 4:30 PM * Patients who have Boarded with us are to be picked up at 8:30am, 2:30pm or 4:30pm ONLY. * We DO NOT Accept Personal, Business or Farm Checks * You May Pay with Cash, Debit Card or Credit Card * Prescriptions / Medications Cannot be Returned * All pets must be on a leash or in a carrier. 7/20