



Date: _____

**Thank you for allowing Hospital For Veterinary Dentistry & Oral Surgery to care for your pet (s).
So that we may become better acquainted, please complete the following:**

CLIENT INFORMATION:

Name: _____ Title: Mrs. Ms. Mr. Dr. Spouse: _____ Title: Mrs. Ms. Mr. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____ Spouse Phone: _____

Preferred method of contact? Phone Text Email

Place of Employment: _____ Address: _____

Please indicate choice of payment: Cash/Check Credit Debit Wells Fargo Care Credit

How did you become aware of our clinic? Sign Previous Client Here Internet (Which Site): _____

Personal Recommendation (Whom may we thank?): _____

Veterinary Referral: Dr. _____ Clinic: _____

I give HVDOS permission to use pictures of my pet for social media/ marketing. YES NO

PATIENT INFORMATION:

Name: _____ Species: _____ Breed: _____

Date of Birth: _____ Color: _____ Sex: _____ Spay/Neutered: _____

Previous Illnesses? _____

Previous Surgeries? _____

Allergies to medications? _____

Diet Fed? _____

Pet Insurance? Yes No Pet Insurance Company: _____

Any Additional Information? _____

Signature: _____

WE DO NOT BILL. ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.