



# CLIENT INFORMATION FORM

**Individual legally/financially responsible for this account** (# \_\_\_\_\_):  
Office use

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # 1 (\_\_\_\_\_) \_\_\_\_\_ (Circle One) Home / Work / Cellular / Other \_\_\_\_\_

Phone # 2 (\_\_\_\_\_) \_\_\_\_\_ (Circle One) Home / Work / Cellular / Other \_\_\_\_\_

Email Address for Pet Reminders / Promotions: \_\_\_\_\_

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**Due to privacy policies please list other people who you give us permission to speak with about your pet(s) or account.**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Preferred Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

*Professional fees are due at the time services are rendered. If you wish to pay by check please complete the following.*

Driver's License: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

*I understand that a service fee of \$30.00 will be assessed for each non-sufficient check. I also agree to pay for the costs of collection in the event collection efforts become necessary, including reasonable attorney's fees.*

I understand that I am responsible for any charges incurred on behalf of my pet(s) while in the care of the doctors at any of the Perry Pet clinics and that charges are due and payable at the time of service, unless other arrangements are made in advance. I further understand that any unpaid balance will accrue a monthly finance charge of 1.5% and if my account is not kept current, it will be turned over to an outside agency or attorney for collection. I understand that in addition to the balance owed on my account I am financially responsible for all collection and attorney fees the Clinic incurs in collecting my debt.

(1) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# Pet Information

	<u>Pet 1</u>	<u>Pet 2</u>	<u>Pet 3</u>
NAME			
SPECIES (cat, dog,etc)			
BREED			
COLOR			
DOB or AGE (yrs)			
SEX			
NEUTERED / SPAYED			
MICROCHIP #			

*(PLEASE PROVIDE ANY PREVIOUS VACCINATION RECORDS)*