



## *KKM Veterinary Clinic*

### *Patient/Client Information*

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

In case of EMERGENCY, call \_\_\_\_\_ at phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

How did you hear about us?  Website  Facebook  Friend/Relative \_\_\_\_\_  
 DVM  Other \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species:  Dog  Cat  Other: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Spayed/Neutered Yes or No Color: \_\_\_\_\_

Up to date on vaccines? Yes or No Reactions to vaccines? Yes or No

Any allergies? Yes or No

Why did you bring your pet in to see the vet today? \_\_\_\_\_

*To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.*

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

There will be a service charge for any check returned unpaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Entered by: \_\_\_\_\_