



# PATIENT AND CLIENT INFORMATION SHEET

Thank you for choosing Southwest Animal Hospital for your pet's veterinary care!

## CLIENT INFORMATION:

Owner(s): \_\_\_\_\_ Co-owner(s): \_\_\_\_\_  
Last name First MI

Mailing Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

How were you referred to our practice? \_\_\_\_\_

## PET(S) INFORMATION:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Previous veterinarian(s): \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Previous veterinarian(s): \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Previous veterinarian(s): \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Male or Female? \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Previous veterinarian(s): \_\_\_\_\_

By signing below I certify that: *I am over 18 years of age* and the legal owner, or authorized agent of the owner, of the animal(s) described above. I am aware that payment in full is due at time of service. I understand that I will be held responsible for all costs & legal fees associated with collection proceedings. I will also be held responsible for the cost of boarding and care for any animal left in the care of Southwest Animal Hospital for more than 24 hours.

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

Name (Printed): \_\_\_\_\_