



Client Information Sheet

Please verify that the information printed below is correct

Client Information:

Name: {FULLNAME}

Other Authorized Names (spouse, pet sitter, etc):
{SECONDARYNAME}

Phone Numbers:

{CNUMBER__|CDESCRIPTION_____}

Address: {ADDRESS1} {ADDRESS2}
{CITY}, {STATE} {POSTALCODE}

E-Mail: {EMAILADDRESS}

Patient Information:

Name: {NAME}

Breed: {BREED}

Color: {COLOR}

Species: {SPECIES}

Age/DOB: {AGE} / {BIRTHDATE[SHORT]}

Sex: {SEX}

1. Are you interested in learning more about flexible payment plans and financing through Care Credit, a healthcare credit card available for qualified applicants?

Please Check One: _____ (Yes) _____ (No Thanks)

2. Do you prefer to receive annual wellness and vaccine reminders by postcard or email?

Please Check One: _____ (Postcard) _____ (Email-*Please enter email address above*)

3. How did you hear about us? May we thank anyone for referring you to us? _____

4. Do you give your permission to share your pet(s) image and story on social media, our website and other marketing materials? Your personal information will never be shared.

_____ **(Yes)** _____ **(No)** **Signature:** _____

5. _____ I certify I own this animal, the above information is correct, and I authorize Veterinary Care of
(Initial) Ithaca to provide care for this pet and all other animals I place in their care.