



## 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.