

Client Information Sheet

Name(s): _____
Address: _____
City: _____
State: _____ Zip: _____
Home: _____
Work: _____
Cell: _____
Email: _____



Fairhope 
Animal Clinic

Driver's Licence Number: _____

Pet Profile

Name: _____
Breed: _____
Color(s): _____
Birthdate: _____
Microchip: _____
Allergy(s): _____

| | |
|---------|------------------------------|
| Species | <input type="checkbox"/> Cat |
| | <input type="checkbox"/> Dog |

| | |
|-----|--|
| Sex | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Spayed Female |
| | <input type="checkbox"/> Male |
| | <input type="checkbox"/> Neuterd Male |

To prevent the spread of infectious disease, all hospitalized and boarded animals must be current on all vaccinations and free from internal and external parasites. I/We do hereby give my/our authorization and consent to Fairhope Animal Clinic, LLC to perform any and all operations which are deemed necessary for the welfare of my/our animals.

Fees are due in the office at the time services are rendered.

I/We the undersigned, hereby agree to pay all amounts and charges hereafter for the services rendered by this office. I/We understand that additional charges and fees may be applied to past due balances, collections, and returned checks.

Signed _____

Date _____