Client Information Sheet

Client #:_____

PLEASE PRINT CLEARLY

Owner (and Spouse's) name:_____

Address:_____ _____ _____ _____
Street City State ZIP

Home phone:_____ Cell phone:_____

Work phone:_____ Preferred contact: ❑ Voicemail ❑ Text ❑ Email

Email address (Print clearly please.):_____

Driver's license #:_____ Date of birth:_____

(If you will not be paying by check, you do not need to provide us with your driver's license # or birthdate.)

I hereby authorize Whitehaven Veterinary Center to examine my pet and perform any procedures agreed upon.

I understand that payment is expected when services are rendered and that the balance is due at the end of each visit. Please initial:_____

Signature:_____ Date:_____