

CLIENT INFORMATION

Last _____ First _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Work _____ Fax _____

Email _____ Spouse # _____

Emergency Contact Person _____ Phone _____

How did you hear about us? _____ Referred by _____

OTHER INFORMATION

Do you consider your pet to be a member of the family? _____

How many pets are in your family?

Number of Dogs _____

Number of Cats _____

Other (Type & #) _____

Are you interested in learning about alternative to integrative treatment options for your pet(s)?

Yes _____ No _____ Maybe Later _____

Have any family members been diagnosed with allergies, especially to animal dander?

Yes _____ Type _____ No _____

Do you have Pet Insurance? _____ Interested in learning more? _____

Is there any other information you would like to share with us?

Where can we call to have records faxed over for your pets? _____

Payment is due in full at the time of service. Written estimates available upon request.