

McCormick Animal Clinic

Client Information Sheet

Owner's Name: _____ Driver's License #: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Employer's Name: _____ Address: _____

Spouse's Name: _____ Cell Phone: _____ Work Phone: _____

Employer's Name: _____ Address: _____

How did you first hear about us? Referred by _____ Phone Book Live Close By Other _____

Pet's Name: _____ Age: _____ Male: Intact / Neutered Female: Intact / Spayed

Breed: _____ Color: _____ Date of Last Vaccines: _____

Pet's Name: _____ Age: _____ Male: Intact / Neutered Female: Intact / Spayed

Breed: _____ Color: _____ Date of Last Vaccines: _____

Payment Policy: We accept cash, checks, and all major credit cards in payment of services at the time your pet is discharged. If you are uncertain about the cost of your pet's medical care, you may ask for an estimate of charges prior to treatment.

I fully understand the terms of this agreement. I also understand that any portion that remains unpaid after thirty days is subject to the services of a collection agency. I will be responsible for all costs of collection including any attorney's fees.

I am the owner or authorized agent of the owner of the pet(s) described on this document and give permission for treatment as deemed necessary by the veterinarian.

Signed: _____ Received By: _____ Date: _____