

PATIENT & CLIENT INFORMATION SHEET

Welcome to **Baylor Animal Clinic**. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye.

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Other _____

Pet's Date of Birth or Age _____ Breed _____ Color _____

Reason for bringing pet

in: _____

Does your pet have allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

Additional Canine or Felines (breed/age/color/alterd male or female): _____

Who is your previous veterinarian? _____ Phone (____) _____

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

E-mail address _____ Employer _____

For check writing privileges, please provide your Date of Birth _____

Driver's License # _____ State _____ Exp. _____

How did you become aware of our hospital?

Referred by friend Whom may we thank?

Referred by veterinarian Whom may we thank?

Drove by Brochure Previous client Website

Payment is due in full at the time services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and Care Credit.

I verify that all the information provided is accurate.

Signed _____ Date _____