

Skinner Animal Clinic

CLIENT INFORMATION

THANK YOU FOR CHOOSING OUR CLINIC FOR YOUR PET'S NEEDS. PLEASE TAKE A MOMENT TO COMPLETE THIS FORM SO WE MAY BETTER SERVE YOU.

Today's Date _____

Name _____ Date of birth _____
Last First Middle

COUNTY

Spouse's Name _____ Date of Birth _____

__ Livingston

Address _____

__ Grundy

City _____ State _____ Zip Code _____

__ Kankakee

Home Phone _____ Cell Phone _____

__ Will

Best time to reach you _____ Accept text messaging __ Yes __ No

__ Cook

E-mail address _____

Drivers License No _____

Place of Employment _____ Work Phone _____

Spouse's Place of Employment _____ Work Phone _____

How did you hear about our Hospital __ Yellow Pages __ Radio __ Sign __ Newspaper __ Internet __

Friend: Name _____ Other _____

Payment Preference __ Cash __ Check __ Debit Card __ Credit Card __ Care Credit

Pet's Name _____ Date of Birth _____ Breed _____ Color _____

__ Dog __ Cat __ Other _____ Sex: __ Male Neutered __ Yes __ No
__ Female Spayed __ Yes __ No

Has your pet ever been vaccinated or tested for:

	YES	NO	IF YES, WHERE AND WHEN
Rabies: 1yr or 3 yr	___	___	_____
Dog:			
Distemper (DHLP-P)	___	___	_____
Heartworm	___	___	_____
Internal Parasites	___	___	_____
Other (Bordetella, Lyme, etc)	___	___	_____
Cat:			
Distemper (FVRCP)	___	___	_____
Leukemia	___	___	_____
Internal Parasites	___	___	_____

Any significant medical history or know allergies? _____

By signing below, I give consent to the Skinner Animal Clinic to use photographs of my pet(s) for posts on Skinner Animal Clinic's Facebook page and website. If photographs are used for education of a medical condition, no names will be used to maintain client-patient-veterinarian confidentiality.

Signature _____ Date: _____