



Dentistry for Animals

Client Information Form

Thank You for bringing your pet to Dentistry for Animals. We require payment in full at the time of service. We regret that we do not have a payment plan.

In order to establish an accurate file, please complete the following form.

PET INFORMATION

Pet's Name: _____ Date of Birth: _____ Age: _____

Species: _____ Breed: _____ Color/Markings: _____

Sex: _____ Spayed/Neutered: Yes No

Referring or regular Veterinarian: _____

Please check any of the following that apply to previous or current conditions:

Vaccination Reaction Drug or Food Allergies Heart Problems

Liver Disease Kidney Disease Back Problems

Anesthetic Complications Trauma/Fractures Major Surgeries

Other: _____

Other: _____

PERSONAL INFORMATION

Name: _____

Address: _____
Last First City: _____ Zip: _____

Mailing Address (if different): _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell/Other: _____

Employer Name and Address: _____

California driver's License Number: _____ Clients DOB: _____

Spouse/Co-owners Name: _____ Spouse's Work Phone: _____

Spouse's Employer and Address: _____

Method of payment: Cash Check Credit Card

How did you hear about us? : _____

I/We have filled out all requested information to the best of our knowledge and have read and understand the payment policy of Dentistry for Animals.

Owner's Signature

Date