



Client Information

Last Name: _____ **First Name:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Employer:** _____
Email Address: _____
Co-Owner Contact Name: _____ Relationship : _____
Co-Owner Contact Phone: Home Cell Work _____
Emergency Contact Name: _____ Relationship : _____
Emergency Contact Phone: Home Cell Work _____
How Did You Hear About Caring Hands?
 Facebook Yelp Referred By: _____
 Google Drove By Vet Referral: _____
 Nextdoor App Other: _____

Animal Information

Animal Name	Age/Date of Birth	Sex	Spay/Neuter	Breed	Color
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous veterinary facility or shelter	Name:	
	City, State:	

May we use your pet's photo on our website or other publications? Yes No

- * Owners who abandon their pets will be prosecuted.
- * Payment in full is expected at time of service. Accounts not paid as agreed will be subject to collection costs, including attorney fees. Monthly interest fees at the rate of 1.5%, monthly service charges, and returned check fees will be added to outstanding accounts.
- * Caring Hands requires a minimum of 24-hours notice in the event you are unable to honor your scheduled appointment. Failure to provide 24-hours notice will result in the following: First No-Show, follow-up call and reminder of our cancellation policy; Second No-Show, a deposit of current exam fee will be required as a condition to schedule future appointments.
- * Treats, such as baby food and peanut butter are often used as part of our exam process. Is there anyone in your household that with food allergies? Yes No
- * Immune status of your household: People who are immuno-compromised are at increased risk of disease transmission from their pet. Any person: under 10 or over 60 years old; or who have had a splenectomy; are HIV+, on steroids, or pregnant would be at risk. Is anyone who has regular contact with your pet immuno-compromised? Yes No _____

I have read and understand the above policies. I am over 18 years of age.

Client Signature

Date

For Internal Use Only:
Reviewed _____
Scanned _____
Attached _____