

CLIENT INFORMATION FORM

Today's Date ____ / ____ / ____

Owner's Name _____ Email Address: _____

Home Address: _____ Zip code: _____

Cell: _____ Home: _____ Work: _____ Spouse: _____

How would you like to receive future appointment reminders? (pick one) Text Email Phone

How did you hear about us? Facebook ____ Angie's List ____ Yelp! ____ Indy A-List ____ WTHR Weekend Sunrise ____

Twitter ____ (my handle is @ _____) Google ____ (I searched for " _____")

Personal recommendation - whom may we thank? _____) Hospital Sign ____

Method of payment today: Payment is required at the time of service. For your convenience, NEW CLIENTS may pay by Cash, VISA/Mastercard/Discover (**no AmEx**), or CareCredit. **Please check one:** Cash Debit/Credit CareCredit

Pet information (please list all your pets - continue on the back if needed)

Name _____ Dog/Cat ____ Breed _____ Color _____ DOB/Age _____ Sex (M/Neut/F/Spay) ____

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Please answer the following questions as openly, completely, and honestly as possible:

Thinking about previous vet(s) what could have been done better? _____

Why did you leave your previous veterinary practice? _____

What was done *well*, that we should also do? _____

List any major surgeries your pet has had: _____

Have all of your pets lived their whole life in Indiana? YES NO Details: _____

Have any of your pets ever had a reaction to vaccines or medications? YES NO Details: _____

If we could only help you solve ONE problem with your pet today, what would it be? _____

How much information do you want to be given about your pet's health? Full Brief Just a summary is fine

I would describe my relationship to my pets as (pick one): Pets = family Pets = companions Pets = animals

Do all your pets receive monthly **heartworm** prevention? YES NO

Do all your pets receive monthly **flea** prevention? YES NO

Has your pet ever been **muzzled** at the vet before? YES NO

List any food or treats you give your pet: _____

Do you consider your pet: Overweight Underweight Ideal body condition

YES! You may photograph my pets for use in social media (Facebook, email, etc.): Agree Disagree

Consent: You will be asked to sign a health plan confirming authorization of treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you. Any unforeseen problem that develops while you are absent and your pet is in our care will be treated as deemed best by the staff veterinarians, and you assume full responsibility for the expense of treatment. If you neglect to pick up your pet within five days of the date signed, we may consider your pet abandoned and you authorize us to dispose of your pet as deemed best and necessary.

Pet Owner Signature _____

Welcome to Leo's Pet Care!