

CLIENT INFORMATION FORM

Today's Date ____ / ____ / ____

Owner's Name _____ Email Address: _____
Home Address: _____ Apt/Suite # _____ Zip code: _____
Cell: _____ Home: _____ Work: _____ Spouse: _____

How did you hear about us? (please choose all that apply) Facebook Angie's List Yelp! Indy A-List
Hospital sign / Live nearby Google (I searched for " _____")
Read an article on the Leo's Pet Care website (which article?) _____
Personal referral - who may we thank? _____
Dog Bakery (which one?) _____ Groomer (which one?) _____

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

Pet information (please list **all** your pets even if not patients here - 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** 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? _____
Do **all** your pets (cats AND dogs) receive monthly **heartworm** prevention **every** month, all year round? YES NO
Do **all** your pets receive monthly **flea** prevention? YES NO
Has your pet ever been **muzzled** at the vet before? YES NO
Is there anything else you would like us to specifically know about your pet(s)? _____
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 surrender your pet as deemed best and necessary.

Pet Owner Signature _____

Welcome to Leo's Pet Care!