



## Client & Patient Information Sheet

### Client Information

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Contact

First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Microchip: ☐ Yes ☐ No Number: \_\_\_\_\_

Sex: ☐ Male ☐ Female Neutered/Spayed: ☐ Yes ☐ No

Primary Care Veterinary Hospital: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Date of Last Rabies Vaccine: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

At VEST, we are committed to providing the best care for your pet. To showcase our work and share the stories of our patients, we occasionally take photographs or videos of the animals we treat. These images may be used for educational purposes, promotional materials, social media, or our website.

Please indicate your preferences below:

- ☐ I consent to photographs/videos of my pet being used for promotional and educational purposes.
- ☐ I do not consent to photographs/videos of my pet being used.

I am the owner, or authorized agent for the owner, of the animal specified above and authorize treatment of my pet at VEST. I assume financial responsibility for all fees associated with my pet's care at VEST and will pay by cash, credit card, or check at the time my pet is discharged. A monthly service charge of 2% will be applied to any unpaid balance. As the person responsible for this pet, I will be responsible for all attorney and collection costs should steps be necessary.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date