

Avalon Animal Clinic, P.C.

Client Information Sheet

Thank you for entrusting Avalon Animal Clinic, P.C. with the care of your pet. So that we can become better acquainted, please complete the following:

Owner(s): _____

Address: _____ Zip: _____

Phone #: Home _____ Work _____ Cell _____

Emergency Contact Name: _____ Phone#: _____

Email address: _____

How did you become acquainted with our clinic? _____

Please tell us a little about your pet(s):

	Name	Species	Breed	Age	Sex	Spayed/Neutered?
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____	_____

Any additional information you would like us to know about your pet(s)?

Existing Medical Conditions: _____

Previous Surgeries: _____

Current Medications: _____

Known Allergies: _____

Special Dietary Requirements: _____

Behavior Concerns: _____

We accept the following methods of payment: Cash, Care Credit, and Major Credit Cards.

Payment in full is expected at time services are rendered. **NO PERSONAL CHECKS ACCEPTED**