



PEARSON ANIMAL HOSPITAL

CLIENT & PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pets. Please complete the following.

CLIENT INFORMATION	
Owner(s) — Last Name, First Name	Home Phone
Address	Mobile Phone
City / State / ZIP	Email Address

COMMUNICATION & REFERRAL
SMS Text Message Consent: ☐ Yes ☐ No If you check “Yes,” you agree to receive recurring text messages from Pearson Animal Hospital, including appointment confirmations, appointment reminders, scheduling or rescheduling communications, pet-care follow-ups, prescription/refill notifications, wellness reminders, and other informational messages about veterinary services you have requested or received. Message frequency varies based on appointments and care needs. Message and data rates may apply. Reply STOP to unsubscribe at any time, or HELP for assistance. SMS consent is optional and is not a condition of purchasing goods or services or of receiving veterinary care. See our Privacy Policy (pearsonanimalhospital.com/Portals/72/Documents/PrivacyPolicy.pdf) and SMS Terms & Conditions (pearsonanimalhospital.com/Portals/72/Documents/Terms-and-Conditions.pdf) for more information. How did you become aware of our clinic? ☐ Drove By ☐ Yellow Pages ☐ Website ☐ Previous Client ☐ Personal Referral: _____ ☐ Other: _____

PATIENT INFORMATION			
	PET #1	PET #2	PET #3
Name			
Species / Breed			
Color / Markings			
Age / DOB			
Sex ☐ M ☐ F			
Spayed / Neutered ☐ Yes ☐ No			
Current Medications			
Important Allergies / Medical Notes			

PAYMENT & AUTHORIZATION	
Professional fees are due at the time services are rendered. Written estimates are available upon request. Payment: ☐ Cash/Check ☐ Visa ☐ MasterCard ☐ Discover ☐ Other _____ Driver's License # (check payments): _____	
I am responsible and agree to pay in full the total charges for services rendered at discharge, including any collection fees. I understand charges are based on treatment deemed necessary and may be higher or lower than an estimate because of treatment, medication, surgery, or diagnostic testing.	
Client Signature	Date
Person Presenting Pet (if other than owner)	Relationship to Owner