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 messages regarding pet care: ☐ Yes ☐ No *(Reply STOP anytime to unsubscribe; standard messaging rates may apply.)*

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): _____ Social Security #: _____

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