

**Canfield Veterinary P.C.**  
**Client & Patient Information**  
*Thank you for trusting your pet's care to us.*

**CLIENT INFORMATION:**

Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
 Address \_\_\_\_\_ Children \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Spouse/Partner Employer \_\_\_\_\_

**PHONE NUMBERS:**

Primary \_\_\_\_\_ Landline \_\_\_\_\_  
 Cell \_\_\_\_\_ Spouse/Partner Cell \_\_\_\_\_  
 Work \_\_\_\_\_ Spouse/Partner Work \_\_\_\_\_  
 Email Address \_\_\_\_\_

May we post your pet(s) photo on our Facebook page? YES NO (NO personal info posted/shared)

How did you become aware of us?  Sign/Location  Personal Referral(Name) \_\_\_\_\_

Our Website  Internet Search: Google Yelp

Previous client of: Dr. Brooker Dr. Hill Dr. Zink  Other: \_\_\_\_\_

**PATIENT INFORMATION:**

	Pet Name	Breed	Date of Birth	Color	Gender	Spay/Neuter Y/N & Date if Known
1						
2						
3						

Any long term or recurrent problems? \_\_\_\_\_

Current Medications \_\_\_\_\_

Reason for visit today \_\_\_\_\_

Please call your pet's previous Veterinarian to have records transferred to our office.

Name of previous Veterinary Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment is kindly expected at time of service.**  
**Delay will incur service charges of \$3/mo billing fee plus interest of 1.5%/mo on unpaid balance aged over 30 days.**  
**Accepted methods of payment: Cash, Credit, CareCredit**