

SAUK-PRAIRIE SMALL ANIMAL HOSPITAL
AAHA MEMBER HOSPITAL
E11340 HWY PF
PRAIRIE DU SAC, WI 53578
(608)643-2451
(608)643-2647
DR. JOSEPH E. KELLEY, DVM

Thank you for giving us the opportunity to care for your pet(s). So that we may maintain accurate records, please complete or update the following information.

CLIENT INFORMATION FORM

Date: _____

Name _____ Spouse/Significant Other Name _____

E-mail address _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Other Phone _____

Place of Employment _____ Best time to call _____

NOTE: This information is required if you are planning to pay by check

Driver's License# _____ SS# _____ Date of Birth _____

Spouse's Driver's License# _____ SS# _____ Date of Birth _____

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Choice of Payment ___ Cash/Check ___ Visa/MC ___ Discover ___ Amex

How did you become aware of our clinic? ___ Drove by ___ Yellow Pages ___ Newspaper

___ **Personal Recommendation (whom may we thank?)** _____

Our Pet(s) are/is ___ A member of our family ___ Child's Pet ___ Backyard Pet

Any previous serious illness or injury? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? _____ Yes _____ No

If something should happen to you and you no longer could care for your pet(s), who may we contact to provide care for them?

Name: _____

Phone Number: _____