

SAUK-PRAIRIE SMALL ANIMAL HOSPITAL

AAHA MEMBER HOSPITAL

E11340 HWY PF

PRAIRIE DU SAC, WI 53578

(608)643-2451

(608)643-2647

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. Please let us know if any information changes in the future.

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# _____ Date of Birth _____

Spouse's Driver's License# _____ 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?) _____

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

We use social media, do we have your permission to use any photos of you/your pets online?

_____ **Yes, I give permission**

_____ **No, do not use any images**

Images may appear on Facebook, our website, promotional materials etc.

Please be advised, we reserve the right to use cameras in our exam rooms and throughout the hospital and resort for training purposes only.