

# CLIENT INFORMATION FORM



# DOUBLE CHURCHES ANIMAL CLINIC

8365 Whitesville Road, Columbus, GA 31904  
(706) 322-3232 www.doublechurchesanimalclinic.com

Thank you for giving us the opportunity to care for your pet(s).

So that we may update our records, please complete the following:

## CLIENT INFORMATION

Date \_\_\_\_\_

Legal Owner's Name \_\_\_\_\_ Spouse/Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cell Phone \_\_\_\_\_ May We **Text You** Appointment/Vaccine Reminders? \_\_\_\_ Yes \_\_\_\_ No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Co-Owner's Phone \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

**E-Mail Address for reminders:** \_\_\_\_\_

How did you become aware of our clinic? Drove by\_\_ Yellow Pages\_\_ Web Site\_\_ Previous Client\_\_ Other \_\_\_\_\_

€ Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

## ESTIMATES AND PAYMENT

We will gladly provide you with a written treatment plan with estimated fees. All professional fees are due at the time services are rendered. We accept cash, check and major credit cards. For extensive medical or surgical procedures, we do require a deposit. We offer Care Credit financing for qualified clients. Please ask a CSR for details. Returned checks are subject to a \$35 returned check fee. All balances are subject to a monthly finance charge. If it becomes necessary to send your account to a collection agency, you are responsible for all collection fees incurred.

## SOCIAL MEDIA RELEASE:

Double Churches Animal Clinic utilizes social media marketing as a business form of marketing and as an educational resource for pet owners. Within the context of promoting the business, we would like to use images, videos, and/or information regarding your pet's health condition. You may or may not wish to participate as outlined below. If you do not wish to participate, simply check the last box below.

I **approve** use of the following (initial all that apply):

- \_\_\_\_\_ My pet's story
- \_\_\_\_\_ Pictures/videos of my pet
- \_\_\_\_\_ My pet's name (first name only)
- \_\_\_\_\_ My story as a pet owner
- \_\_\_\_\_ Pictures/videos of me
- \_\_\_\_\_ My name (first name only)

I **decline** use of any web marketing (initial below):

\_\_\_\_\_ I **do not** grant permission to use any of the above

*I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet. I assume responsibility for all charges incurred in the care of my pet. I also understand that these charges will be paid at the time of treatment and/or hospitalization. Additionally, I understand that I will be responsible for any and all collection fees incurred by Double Churches Animal Clinic should I default on my account.*

*I, the undersigned, also do hereby grant permission to Double Churches Animal Clinic to use the above material for social media. I release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. My signature indicates I have read the policies above and I agree to the terms stated.*

**By signing below, I certify that I am the legal owner, at least 18 years old and authorized to make medical and financial decisions for the pet(s) listed on my account.**

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

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**Thank you! Now tell us about your pets!**



## OUR MISSION

Our goal is to provide comprehensive medical care tailored to the unique needs and circumstances of both you and your pets and to help you keep your beloved pet as a happy and healthy member of your family for years to come!

**How many pets do you have? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_**

<p><b>Pet #1 Information</b></p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>	<p><b>Pet #2 Information</b></p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>
<p><b>Pet #3 Information</b></p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>	<p><b>Pet #4 Information</b></p> <p>Pet's Name _____</p> <p>Pet Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p>Breed: _____ Color: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Birth date: _____</p> <p>Neutered/Spayed: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, at what age? _____</p> <p>Where did you obtain your pet? <input type="checkbox"/> Friend <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Shop <input type="checkbox"/> Rescue/shelter <input type="checkbox"/> _____</p> <p>Pet's temperament: <input type="checkbox"/> Outgoing/Social <input type="checkbox"/> Neutral <input type="checkbox"/> Shy <input type="checkbox"/> Aggressive</p> <p>What is your pet's diet? _____</p> <p>Please list any medication your pet takes: _____ _____</p> <p>Please list any prior illness or surgery: _____ _____</p> <p>Reason for today's visit: _____ _____</p> <p>Any concerns about your pet? _____</p>