



Thank you for giving us the opportunity to serve you and your pet(s) today. So that we can maintain accurate records on you and your pet(s), please provide us with the following information:

**CLIENT INFORMATION**

(please print)

**DATE** \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_ CELL PHONE \_\_\_-\_\_\_-\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_-\_\_\_-\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_ CELL PHONE \_\_\_-\_\_\_-\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER/OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_-\_\_\_-\_\_\_

SPOUSE EMPLOYER/OCCUPATION \_\_\_\_\_ BUSINESS PHONE \_\_\_-\_\_\_-\_\_\_

SOCIAL SECURITY NUMBER \_\_\_-\_\_\_-\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE \_\_\_-\_\_\_-\_\_\_

**PATIENT INFORMATION**

NAME \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ SEX \_\_\_ SPAYED ( ) NEUTERED ( )

OTHER SURGERIES/ILLNESS/ALLERGIES \_\_\_\_\_

**\*\*\*PAYMENT IS REQUIRED AT THE TIME SERVICES ARE PERFORMED\*\*\*  
PLEASE INDICATE HOW YOU WILL BE PAYING TODAY:  
CASH( ) CHECK( ) VISA( ) DISCOVER( ) AMEX( ) MASTERCARD( ) CARECREDIT( )**

I understand that I am financially responsible to Trumann Animal Clinic for charges incurred. I further agree, in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees should this be required. I agree that TAC or any other collection or servicing agency or agencies retained by TAC to collect any money that I owe to the facility may contact me by telephone or text message at any number given by me or otherwise associated with my account. I further agree that the collectors may contact me using e-mail at any e-mail address I provide that is associated with my account. I grant to TAC, its representatives and employees the right to take photographs of me and/or my pet, to copyright, use and publish the same in print and/or electronically. I Agree that TAC may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_