LOOMIS BASIN VETERINARY CLINIC, INC.
CLIENT INFORMATION SHEET

☐ PFD
☐ SCD
☐ CHG
☐ ____

CLIENTID # ____________________ *****PLEASE FILL OUT COMPLETELY*****

Date ____________________

Owner's Name ____
Last First Initial

Street Address ____

Mailing Address ____

City, State and Zip ____

Home Phone ____________________ Work Phone ____________________ Cell Phone ____________________

Employer ______________________________ Occupation ____________________

Address ______________________________ City, State and Zip ____________________

E-mail ______________________________

Are you over 18 yrs old? ☐Yes ☐No Driver's License # ____________ Social Security # ____________________

Spouse's Name ____

Spouse's Employer ______________________________ Occupation ____________________

Spouse's Work Phone ______________________________ Spouse's Cell Phone ____________________

PLEASE CIRCLE PRIMARY CONTACT PHONE NUMBER ABOVE

Children ______________________________ Children ______________________________
First name Age First name Age

****IN CASE OF EMERGENCY****

Contact other than yourself: Name ______________________________ Phone # ____________________

If necessary, may we call you at work? Owner: ☐Yes ☐No Spouse: ☐Yes ☐No Best Time? ____________________

How did you hear about Loomis Basin Veterinary Clinic (LBVC)? **(Please select one)**

Have you been a previous LBVC client? ☐ Yes ☐ No

If No: Do you have a current Primary Care Veterinarian ☐ Yes ☐ No

If Yes: Name of Hospital ______________________________ Name of Doctor ______________________________

Were you referred to LBVC by this veterinary clinic or their answering service/machine ? ☐ Yes ☐ No

(If No, please choose one of the selections below.)

☐ yellow pages ☐ employee ☐ community directory ☐ sign ☐ Animal Contro l ☐SPCA ☐ word of mouth
☐ LBVC client (name) ____________________ ☐ kennel (name) ____________________
☐ groomer (name) ____________________ ☐ other (name) ____________________

****FEES ARE DUE AT THE TIME SERVICES ARE RENDERED****

We will gladly prepare a written estimate if you desire. Please ask your doctor.

Method of Payment: ☐ **Cash** ☐ **ATM** ☐ **Check** ☐ **Master Card** ☐ **Visa** ☐ **Discover** ☐ **AmEx** ☐ **Pet insurance** ☐ **Care Credit**

SIGNATURE ______________________________

****FOR OFFICE USE****

checked in by__________ audited by________

________ ________ ________ ________ ________ ________ ________ ________ ________

FAMILY PETS

*****Please fill out completely*****

Patient Name ____________________________

☐ Dog ☐ Cat ☐ Other Species ___________

Breed ___________ Sex ☐ M ☐ F

☐ Neutered ☐ Spayed

Color ____________ Date of Birth ___________

Vaccination due dates:

Rabies _____________

DA2LPP ____________ FRCP ____________

Bordetella ___________ FeLV _____________

Heartworm Test ___________

Patient Name ____________________________

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Heartworm Test ___________