

ANIMAL CARE GROUP

of Lake Oswego

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving our hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Primary Owners(s): _____
Last Name, First Name M.I

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Which phone number do you prefer as primary? Please circle: **HOME or **CELL**

Place Of Employment: _____ Title: _____

Co-Owner: _____
Last Name, First Name M.I

Co-Owner's Cell Phone _____ Co-Owner's Work Phone _____

Co-Owner's Employment: _____ Title: _____

Emergency Contact: _____ Phone: _____

Can we post photos of you and/or your pet on our website and/or Facebook? Yes No

How did you become aware of our hospital? _____

Personal Recommendation- who may we thank?

PATIENT INFORMATION

PET #1

PET #2

PET #3

NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			
PREVIOUS VET CLINIC			