

# Client Information Form

Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I live in: subdivision/neighborhood\_\_\_\_ apartment\_\_\_\_ countryside\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Is there anyone else that has permission to make decisions for your pets care?  
\_\_\_\_\_

Do you order prevention/medications from online pharmacies?  
Yes\_\_\_\_ No\_\_\_\_

Do you have pet insurance? Yes\_\_\_\_ No\_\_\_\_

Are you Military or do you ever plan to fly with your pet? Some countries require  
6 months of planning in advance so let us know ASAP! \_\_\_\_\_

Previous Veterinary office: \_\_\_\_\_

How did you hear about us? Sign\_\_\_\_ Online\_\_\_\_ Friend \_\_\_\_ Other\_\_\_\_

I will allow Ambassador Animal Hospital to post my pet's picture on our  
website/Facebook page: Yes\_\_\_\_ No\_\_\_\_

**PAYMENT IN FULL IS EXPECTED AT TIME OF SERVICE**

Owner Signature: \_\_\_\_\_

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