



New Client Information Sheet

Thank you for giving us the opportunity to care for you pet. We'll be happy to answer any questions that you may have about your pet's health. So that we may become better acquainted, please complete the following information:

Name _____

Address: _____

City, State Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Employer: _____ Preferred number: _____

Spouse/Other _____ S/O Cell: _____ S/O Work: _____

Employer: _____ Preferred number: _____

I give permission to the following people to authorize treatment in my absence:

Name & Phone #: _____

Name & Phone #: _____

Name & Phone #: _____

I authorize Russell Animal Hospital, PA to use my email address for purposes of email reminders and pet health information. Your address will not be transferred, sold, or shared with a third party.

Email Address: _____

S/O Email _____

How did you learn of our practice? (if personal recommendation, whom may we thank?)

Sign Yellow Pages Internet Other: _____

Do we have your permission to release medical information to any boarding facility, animal hospital, groomer, or pet adoption agency? Yes No

Do we have permission to put your pet's picture on our social media sites? Yes No

Please list all of your pets:

By signing, I understand that I am financially responsible for all charges incurred from medical treatment at this facility. I also understand that all professional fees are due at the time services are rendered. Please ask the receptionists, technicians, or doctor if you would like a written estimate.

Signature of Owner:

Date:
