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Please take a few minutes to fill out our client information sheet so we can learn more about you and your pet.  
Thank you for the opportunity to take care of your pet!

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### Client Information

Name: \_\_\_\_\_

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

\_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other people that are authorized to make decisions about your pet's care:

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### Pet Information

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Birthdate or Approximate Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Is Your Pet Spayed or Neutered: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Last Vaccines: \_\_\_\_\_ Color: \_\_\_\_\_

Any History of Vaccine Reactions: Y/N If Yes, please explain: \_\_\_\_\_

Previous Medical Problems: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Current Diet: \_\_\_\_\_

Current Heartworm and Flea Prevention: \_\_\_\_\_

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How did you hear about us: \_\_\_\_\_

If you were referred, please let us know by whom so we can thank them: \_\_\_\_\_

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I authorize the veterinarians at Mirror Lake Animal Hospital to examine, prescribe, and perform treatment on the aforementioned animal. I assume responsibility for any charges accrued during treatment of said animal. **I understand that all charges and fees are due at the time of services rendered.**

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