

POWDER RIDGE VETERINARY HOSPITAL

CLIENT INFORMATION SHEET

Please help us keep our records up to date by completing the following information:

YOUR NAME: _____

SPOUSE/PARTNER: _____

ADDRESS: _____

TOWN: _____ ZIP CODE: _____

PRIMARY PHONE (circle one CELL/HOME): _____ NAME: _____

SECONDARY PHONE (circle one CELL/HOME): _____ NAME: _____

EMAIL: _____

May we include a picture of our pet(s) on our Website, Facebook Page and/or Social Media?

(circle one): YES NO

Do you have a preferred doctor? If so, please list which doctor: _____

I hereby confirm that I am at least 18 years of age and can make medical decisions on behalf of all pets listed in my account. I authorize and give informed consent to Powder Ridge Veterinary Hospital to treat and/or hospitalize my pet and accept full financial responsibility. *Payment is due at the time of service. We accept Cash, Care Credit, Visa, Mastercard, Discover, and American Express. We do not accept Checks.*

SIGNATURE: _____ DATE: _____

Did you know?!? You can access your pet's vaccine information, schedule appointments, receive reminders and request medication refills from our online reminder service, Demandforce.

Visit <https://powderridgevet.mypetnexus.com>

Also, be sure to check out our website at POWDERRIDGEVETS.COM where you can meet our staff, learn more about our services, and access our online pharmacy to have medication and food shipped directly to your home!