

# 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:** \_\_\_\_\_

Do you qualify for a senior citizen discount?  Yes  No

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			