



Client Information Sheet - All Clients Please Complete

Thank you for allowing Nipomo Dog & Cat Hospital to be the care provider for your pet!
The form allows us to input your contact information into our database. Even if we've seen you at another clinic in the past, we still need to have you complete this form.

Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

Physical Address _____ City _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____ Work Phone _____

Owner Date of Birth (A DEA requirement in order for us to dispense controlled drugs) _____

Spouse/S.O. Last Name _____ First Name _____

Cell Phone _____ Work Phone _____

Driver's License/Social Security (if you will pay by check) _____

What is the best way to contact you regarding your pet? _____

Emergency Contact _____ Phone _____

We provide our clients the option to participate in our online client communication system. Some of the system features allow you the ability to: Request Appointments via Email, Submit Customer Satisfaction Surveys Online, Receive Text Message Appointment Reminders, Confirm Appointments via Email or Text, Refer Your Friends Online.

() I want to receive text messages. () I want to receive email messages.

You can opt out of your communications at any time by clicking on the unsubscribe link found in the footer of each email or replying to the text message with STOP. You can also visit your preferences section of our email/text service and make changes.

May we feature you and/or your pet on our NDCH facebook page? YES NO

How did you hear about us?

Previous Client Of: () Dr. Wagner () Dr. Shroyer () Another veterinarian _____

() Feline Network () Yellow Pages () Our Website () Internet Search () Our Mailing () Facebook

() Client Referral _____ () Other _____

I understand that full payment is due at the time of service.

Signed _____ Date _____

Thank you for taking the time to complete this form

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